



COUNTY COURT AT LAW NO. 1 MISDEMEANOR MENTAL HEALTH COURT PROCESS AND APPLICATION

The Misdemeanor Mental Health Court (MMHC) is a collaborative, problem-solving arm of the Criminal Justice System in which probationers living with a mental illness adhere to a judicially supervised restoration program and/or plan that is monitored by the Fort Bend County Probation Department and Judge Christopher G. Morales of County Court at Law No. 1. The goal of MMHC is to reduce recidivism rates of those diagnosed with mental illness and provide them with keys to becoming successful and productive citizens.

MMHC is a two-tier program. Tier 1 consists of a pre-trial diversionary program. If eligible, a defendant may enter the program through a 6-month or 12-month deferred prosecution agreement. If a defendant successfully completes the program, the Defendant's charges will be dismissed by the Fort Bend County District Attorney's Office and an expunction application will be submitted to the Felony Mental Health Court within 30 days of dismissal.

Tier 2 is a traditional plea agreement, consisting of deferred adjudication or straight probation. If eligible, a defendant may enter the program through a deferred adjudication plea, which may last anywhere from 6 to 24 months or a straight probation plea lasting anywhere from 12 to 24 months.

To engage a Defendant in this process, *please follow the application process steps* listed below:

APPLICATION PROCESS FOR MMHC:

1. The Defendant's Attorney *will initiate the process by filling out* the MMHC Application and Financial Information Sheet (*attached hereto*) within 60 days of arrest;
2. ***Both***, the Defendant's Attorney and the Trial Court ADA/prosecutor, *will approach the Judge of the assigned Court* and have *the Order for Release of Records (Page 6) signed by the Judge;*
3. Once the Trial Court Judge signs *page 6*, the *completed* MMHC application and Financial Information Sheet *must be returned* to the *Trial Court ADA/prosecutor or the District Attorney's Office Mental Health Division* along with all documents specifically required of the Defendant in the application;

4. If delivered to the Trial Court ADA/Prosecutor, **the “completed” MMHC Application will be forwarded to the District Attorney’s Office Mental Health Division** along with the State’s File;
5. The District Attorney’s Office Mental Health Division will review the application and make a determination whether to refer the application to the MMHC clinicians for further evaluation, accept the applicant into MMHC or reject the applicant. The Defense Attorney will be notified of the decision within **7 business days** of the District Attorney’s Office Mental Health Division receiving the application.
6. If denied entry into the MMHC the State’s file will be returned to the Trial Court ADA/Prosecutor.
 - a. A Defendant’s Attorney may request an appeal of the District Attorney’s Office Mental Health Division’s denial to the MMHC’s Staffing Group (i.e. Judge Morales, Behavioral Health Services, CSCD, Public Defender’s Office and District Attorney’s Office). The appeal must be submitted via email to the MMHC coordinator within 48 hours of denial. The Defendant’s Attorney will be notified via email when the applicant’s case is set for staffing and the Defendant’s Attorney appearance will be mandatory. All rulings issued during the staffing are final.
7. If a case is accepted into MMHC, defense counsel will be notified when the matter is set for a docket/plea setting.

Note: Tex. Gov. Code § 125.003(2)(C) – allow[s] a participant to withdraw from the mental health program at any time before a trial on the merits has been initiated.

For Questions Contact:
Fort Bend County District Attorney’s Office Mental Health Division
at 281-341-4460

Cause#: _____ Name of Defendant: _____

Defense Attorney: _____ Defense Attorney Phone: _____

Fax or Email: _____

Court of Referral (Home Court): _____ Next Court Date: _____ Date Screening Performed: _____

MISDEMEANOR MENTAL HEALTH COURT (MMHC) SCREENING/REFERRAL FORM

In order for your client's case to be reviewed, you must submit the completed MMHC referral packet and supporting documentation to the Trial Court Prosecutor or the FBCDA Office Mental Health Division. The Trial Court Prosecutor will forward the *entire completed* packet to the Mental Health Division.

Defense Counsel: To expedite this process, please immediately contact the Mental Health Division indicating that you have submitted all documents to the Trial Court.

I am submitting the following documentation to the Trial Court Prosecutor/Mental Health Division:

- | | |
|---|---|
| <input type="checkbox"/> MMHC Screening/Referral Form | <input type="checkbox"/> MMHC Joint Request to Be Evaluated |
| <input type="checkbox"/> MMHC Order for Medical Records | <input type="checkbox"/> MMHC Client Application |

And at least one of the following:

- Jail Mental Health Assessment
- Mental Health Records
- Summary of Past Mental Health Treatment

Referral Source:

- ADA Defense Attorney Judge PO Other (specify): _____

Inclusion Criteria

An eligible defendant for the MMHC must have a pending **Misdemeanor** case

This defendant's **Misdemeanor** charge is: _____

An eligible defendant **must be competent** and have a primary diagnosis of a **Mental Illness** (*i.e., Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depressive Disorder, Post Traumatic Stress Disorder, Autism Spectrum*) **or I.D.D.** Defendant *may* also have a co-occurring substance abuse disorder and/or other secondary Mental Illness.

- Defendant is **COMPETENT**.

An eligible defendant must agree to the basic program requirements. This defendant is willing to:

1. Undergo a Psychological Evaluation (unless they provide documentation of their current Mental Health treatment.)
2. Execute a Pre-Trial Diversion Contract, enter a Deferred Prosecution Agreement or Plead Guilty
3. Adhere to an Individualized Treatment Plan (which may include substance abuse treatment)
4. Comply with terms of Community Supervision / Deferred Prosecution
5. Participate in frequent Mental Health Court appearances

Exclusion Criteria

All matters are determined on a case by case basis, but the following issues will **exclude** defendants from participating in the MMHC Program:

1. Past or current charge of a **sex offense** (*considered on a case by case basis*)
3. **Primary diagnosis** of a substance abuse disorder
4. **No link** between the mental illness and current offense
5. Currently on **Parole or Probation** (*considered on a case by case basis*)

Tier 1 Exclusions include:

1. Pending charge of Burglary of Motor Vehicle
2. Pending charge of Violation of Protective Order

FAILURE TO FOLLOW THE PROGRAM REQUIREMENTS MAY RESULT IN SANCTIONS, CHANGE OF CONDITIONS OR TERMINATION FROM THE PROGRAM. FAILURE TO COMPLY WITH THE TERMS OF COMMUNITY SUPERVISION MAY RESULT IN THE REVOCATION OF **DEFERRED PROSECUTION, DEFERRED ADJUDICATION OR PROBATION**, AND MAY RESULT IN A CONVICTION AND SENTENCE UP TO THE FULL RANGE OF PUNISHMENT.

For Questions Contact:

*Fort Bend County District Attorney's Office Mental Health Division
at 281-341-4460*

FOR USE BY THE FBCDAO MH DIVISION PERSONNEL ONLY

Reviewed by the FBCDAO MH Division ADA: _____

Date Form Received: _____

Date Eligibility Confirmed: _____

Date Rejected: _____

CASE NO. _____

THE STATE OF TEXAS

§
§
§
§
§

IN THE COUNTY COURT

v.

AT LAW NO. _____

FORT BEND COUNTY, TEXAS

**REQUEST TO EVALUATE DEFENDANT FOR MISDEMEANOR
MENTAL HEALTH COURT**

(Defendant’s Waiver and Agreement for Disclosure of Mental Health Records)

I, _____, request to be evaluated for the Misdemeanor Mental Health Court. In support of this request, I agree to submit to such evaluation for purposes of determining my eligibility to participate in the Misdemeanor Mental Health Court. I understand that the State may request additional information or copies of my medical and mental health treatment records from _____ (Defendant’s treatment provider), Behavioral Health Services, and the Fort Bend County Jail, and that the information included in these records may contain information about substance abuse history and substance abuse treatment. I further understand that the Misdemeanor Mental Health Court will receive a copy of the evaluation and that, if I am declined by the Misdemeanor Mental Health Court, the referring Court may have access to the evaluation.

Signed on the _____ day of _____, 20_____

(SIGNATURE)
Defendant

(SIGNATURE)
Attorney for Defendant

(PRINT)
Defendant

(PRINT)
Attorney for Defendant

CASE NO. _____

THE STATE OF TEXAS

§
§
§
§
§
§

IN THE COUNTY COURT

v.

AT LAW NO. _____

FORT BEND COUNTY, TEXAS

ORDER FOR RELEASE OF RECORDS

This Order is issued pursuant to Texas Health & Safety Code § 611.006(11), as well as 45 C.F.R. § 164.512(e)(1)(i) Health Insurance Portability and Accountability Act, and 42 C.F.R. Part 2, which authorize covered entities to disclose protected health information in the course of any judicial or administrative proceeding when responding to an order of the Court.

IT IS ORDERED that the **Fort Bend County District Attorney’s Office Mental Health Division, Fort Bend County Community Corrections and Supervision Department, and the Attorney for Defendant (listed below)** be provided with immediate access to any and all of the Defendant’s medical, psychiatric, substance abuse and psychological records within three (3) business days of receipt of this order. This information may include but is not limited to: History and physical examination; physician’s orders; psychiatric evaluation; psychosocial history; substance abuse treatment order and notes; intellectual testing records; treatment notes; discharge summary and insurance provider.

IT IS FURTHER ORDERED that the **Fort Bend County Sheriff’s Office, Fort Bend Behavioral Health Services and Texana** be provide the following Defendant’s records to the Court electronically (i.e., by e-mailing the requested documents to _____ or sending them, via facsimile, to _____, as may be directed.

It is FURTHER ORDERED that all costs incident to the filing of this order are hereby waived.

[CONTINUED ON THE NEXT PAGE]

If you have any questions, please call _____(defense
counsel) at _____.

Signed on the _____ day of _____, 20____

JUDGE PRESIDING

MISDEMEANOR MENTAL HEALTH COURT CLIENT APPLICATION

You have been given this Misdemeanor Mental Health Court application because someone believes that participating in the Misdemeanor Mental Health Court would be a good thing for you. The Misdemeanor Mental Health Court is a problem-solving Court in which defendants living with a mental illness participate in mental health treatment, engage in frequent appearances before Judge Christopher G. Morales of County Court at Law No. 1, and maintain regular visits with a specially trained Community Supervision Officer (or Probation Officer). Misdemeanor Mental Health Court participants remain in the Court and/or on probation for a **minimum** of 6 months. Many participants remain in the Court for longer than 6 months – it all depends on how a person does in treatment and following the Court’s expectations.

As a Misdemeanor Mental Health Court participant, *you would be expected to:*

- Accept the terms of at Tier 1 (pre-trial diversion) or Tier 2 (deferred adjudication or probation) plea
- Attend bi-monthly or monthly Court appearances until the Judge is comfortable that things are going smoothly and reduces the frequency of your Court appearances
- Follow all Probation requirements and Misdemeanor Mental Health Court recommendations
- Participate in mental health treatment
- Participate in substance abuse treatment if indicated
- Not use drugs or alcohol
- Provide random drug and alcohol samples
- Remain law-abiding

Please complete the following questions:

1. How will the Misdemeanor Mental Health Court help me?

2. What do I expect to get out of Misdemeanor Mental Health Court?

Signed: _____ **Date:** _____
(Defendant’s Full Name) (Date Executed)

Print: _____
(Defendant’s Full Name)

FINANCIAL INFORMATION SHEET

TO HONORABLE JUDGE OF SAID COURT:

Defendant's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): Day: (_____) _____ Evening: (_____) _____

Spouse's Full Name: _____

Full name and age of children living with Defendant:

(1) _____ Age _____ (4) _____ Age _____

(2) _____ Age _____ (5) _____ Age _____

(3) _____ Age _____ (6) _____ Age _____

List all income received by Defendant and/or Defendant's spouse per month:

1. Defendant's Employer: _____

Occupation: _____

If unemployed, give date of last employment and employer: _____

Take Home Salary per month after taxes: \$ _____

2. Spouse's Employer: _____

Occupation: _____

If unemployed, give date of last employment and employer: _____

Take Home Salary per month after taxes: \$ _____

3. List other income that Defendant and/or spouse receive from any source and amount received per month:

<u>Other Income</u>	<u>Amount Per Month</u>
(1) Child Support	\$ _____
(2) Welfare (Food Stamps)	\$ _____
(3) Worker's Compensation	\$ _____
(4) Unemployment Compensation	\$ _____
(5) Disability	\$ _____
(6) Retirement	\$ _____
(7) Other Sources of Income	\$ _____

Total Income (Add 1 thru 7) \$ _____

Monthly Expenses owed by Defendant and/or Spouse:

(1)	Rent/Mortgage	\$ _____
(2)	Car Payments	\$ _____
(3)	Car Insurance/Gas Expenses	\$ _____
(4)	Utilities (e.g., gas, water, electricity, phone)	\$ _____
(5)	Insurance (health/home)	\$ _____
(6)	Food	\$ _____
(7)	Child Support/Child Care	\$ _____
(8)	Legal Expenses	\$ _____
	Other: (Loans, Credit Cards, etc)	
(9)	_____	\$ _____
(10)	_____	\$ _____
	Total Expenses (Add 1 thru 10)	\$ _____
	Balance (Income minus Expenses)	\$ _____

ASSETS:

(1) Real Property owned by Defendant and/or spouse, give property description and fair market value:

	<u>Description</u>	<u>Value</u>
A.	_____	\$ _____
B.	_____	\$ _____

(2) Stocks and Bonds owned by Defendant and/or spouse, give description and fair market value:

	<u>Description</u>	<u>Value</u>
A.	_____	\$ _____
B.	_____	\$ _____

(3) Automobile(s) owned by Defendant and/or spouse. Give year, make, model and fair market value:

	<u>Description</u>	<u>Value</u>
A.	_____	\$ _____
B.	_____	\$ _____

(4) Amount in Checking and Savings Accounts:

A.	Checking Account	\$ _____
B.	Savings Account	\$ _____
	Total Assets (Add 1 thru 4)	\$ _____

I swear and affirm that all answers on this form are true and correct. I did not withhold any source of income, nor did I exaggerate any expense.

Signed: _____ **Date:** _____
(Defendant's Full Name) (Date Executed)

Print: _____
(Defendant's Full Name)