

BEHAVIORAL HEALTH COURT: PROBATION PROGRAM
Participant Contract

NAME: _____ **DATE:** _____

CASE NUMBER(S): _____

1. I have reviewed the Behavioral Health Court Probation Program (hereinafter, "BHC Probation") Participation Guidelines and will follow all rules and requirements of the program. [___]
2. I understand that participation in BHC Probation involves a minimum of 18 months. [___]
3. I will remain law abiding while completing my BHC Probation Treatment Plan. [___]
4. I will comply with Court Orders, Probation Conditions, and Telecare rules. [___]
5. I understand that failure to comply with Court Orders, Probation Conditions, or Telecare rules may result in a probation violation. If found in violation of probation, I may receive additional sanctions, including additional custody time and/or termination from BHC Probation. [___]
6. I understand that any new arrest may result in termination from BHC Probation. [___]
7. I understand that I may not possess any weapons while I am participating in BHC Probation. I will dispose of any and all weapons in my possession, and I will disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose and/or disclose may result in termination from BHC Probation and possible prosecution for illegal possession of any weapon. [___]
8. I understand and authorize the release and exchange of my protected health information among members of the BHC Team. [___]
9. I understand and authorize the release and exchange of my criminal history information among members of the BHC Team. [___]
10. I understand the BHC Team will help me get treatment, case management and/or housing services as described in my treatment plan. [___]
11. I understand that I am required to meet with a BHC case manager regularly to discuss my participation and progress in treatment. Failure to do so is a violation of my Probation. [___]
12. I understand that the BHC Team will hold me accountable for my actions. Successful compliance with my treatment plan will be rewarded and acknowledged. [___]
13. I understand that I will be entering into a Client Plan with Telecare, which outlines my goals and responsibilities with my Telecare treatment provider. [___]
14. I understand that failure to comply with Telecare's Client Plan may result in a probation violation. If found in violation of probation, I may receive additional sanctions, including additional custody time and/or termination from BHC Probation. [___]

15. The above listed case number(s) is/are my BHC case(s). I understand that the court may have jurisdiction over trailing cases for purposes of judicial efficiency. I understand that no guarantees are made for by BHC as to the disposition of those cases upon graduation. [___]
16. I understand that the BHC Team will decide where I live during the program, with the approval of probation. [___]
17. If I have an income source while a member of BHC Probation, I understand that I will be responsible for paying my own rent or a percentage of my own rent. [___]
- During Phase One, my monthly rent payment will not exceed 30% of my total monthly net income. In Phase Two, the percentage will not exceed 50%. In Phase Three, the percentage will not exceed 70%. In Phase Four, the percentage will not exceed 80%. ___
18. I understand that if I graduate from BHC and then successfully complete my full term of formal Probation:
- The following charges may be reduced to a misdemeanor by the court pursuant to PC17(b), pending satisfaction of all fines, fees, and restitution: [___]
 - Charge: _____ in case number: _____
 - Charge: _____ in case number: _____
 - Charge: _____ in case number: _____
 - The following charges may be reduced to a misdemeanor pursuant to PC17(b), if applicable, and dismissed by the court pursuant to PC1203.4, pending satisfaction of all fines, fees, and restitution: [___]
 - Charge: _____ in case number: _____
 - Charge: _____ in case number: _____
 - Charge: _____ in case number: _____
19. I understand that if I graduate and successfully complete the Behavioral Health Court program, the BHC Team will decide upon graduation whether to terminate my probation immediately or extend it past graduation. [___]

Date: _____

_____ Participant

Date: _____

_____ Attorney for Participant

Date: _____

_____ Deputy Prosecuting Attorney

Date: _____

_____ Judge, San Diego Superior Court