

**IN THE FIRST JUDICIAL DISTRICT COURT  
STATE OF UTAH, COUNTY OF CACHE**

**STATE OF UTAH**  
Plaintiff

**APPLICATION TO PARTICIPATE IN THE  
FIRST DISTRICT MENTAL HEALTH COURT  
PROGRAM**

Case No. \_\_\_\_\_

I hereby apply for admission into the First District Mental Health Court Program in Cache County and have reviewed the mental health court program handbook. I acknowledge that, as part of the application process:

- a. My prior criminal record, if any, will be reviewed to determine whether I am legally eligible to participate in the program.
- b. I will be required to complete a Level of Service Inventory–Revised (LSI–R) evaluation.
- c. I will be required to complete an alcohol/drug screening by an approved substance abuse treatment provider.
- d. I will be required to complete a mental health assessment by a licensed mental health therapist of Bear River Mental Health Services, Inc.
- e. My application, my prior record, the results of the LSI–R, the results of the alcohol/drug screening, and the diagnostic results of my mental health assessment will be reviewed by a mental health court team. Admission into the First District Mental Health Court program will be at the sole discretion of the mental health court team.

**IF ACCEPTED INTO THE FIRST DISTRICT MENTAL HEALTH COURT PROGRAM, I AGREE TO COMPLY WITH THE FOLLOWING CONDITIONS OF ADMISSION:**

1. I will comply with all requirements contained in the First district Mental Health Court program handbook.
2. I will sign a probation agreement with the State of Utah, Department of Corrections, Adult Probation and Parole (if applicable) and fully comply with all

requirements of probation.

3. I will authorize the disclosure of all mental health and substance abuse treatment information to the mental health court team which may include, but not be limited to, my attorney, the prosecuting attorney, the mental health court judge, a representative of probation and parole, and other mental health court team members as applicable. This information may be used by the mental health court team to determine my eligibility for participation in the mental health court program.
  
4. I will appear in court for all scheduled hearings.

I understand that any failure on my part to comply with the First District Mental Health Court Program requirements may result in termination from the program as well as modification or revocation of my probation, including the imposition of sentence.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number