

Mental Health Diversion Court

APPLICATION FOR PARTICIPATION

FILL THIS FORM OUT WITH YOUR ATTORNEY

Medical Records must be submitted within 5 Days of CDA's Preliminary Approval to be considered for final approval with MHDC

ONCE THIS FORM IS COMPLETELY FILLED OUT, YOU MAY EITHER:

Email this completed form to: MentalHealth-Diversion@Tarrantcounty.com

Or fax this form to 817-884-1748

Defendant Name: _____
First Middle Last Email Address

Home Address: _____
Number and Street Name Apt# City State Zip Code

Two phone numbers where you may be reached: #1: _____ and #2: _____

Any Previous Aliases/Maiden Names: _____ Date of Birth: _____

Tarrant County Case Number(s): _____ Tarrant County CID Number: _____

Diagnosis and Age of Onset: _____

Prior to this program, has applicant participated in any other diversion programs (circle one): Yes or No

Briefly explain in the space below why you want to participate in the Mental Health Diversion Court and substance use. (Make sure you do not state any facts of your alleged offense. Until you are accepted into the Mental Health Diversion Court, these statements could be used against you).

I certify the above information is accurate. I have reviewed this document with my attorney, and I wish to be considered for participation in the Mental Health Diversion Court.

Defendant Signature Attorney Signature

Attorney Name Attorney Contact Number Attorney Email Address

Date Submitted