

# 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](mailto: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

Tarrant County Mental Health Diversion Program  
Intake Questionnaire

Background Information			
First Name:	Last Name:	Today's Date:	
Date of Birth:	Age:	Gender:	
Email Address:	Cell Phone Number:	Home Phone Number:	
Attorney:		Attorney's Phone Number:	
Emergency Contact Name & Relationship to You:		Emergency Contact Phone Number:	
Do you have a valid driver's license?		Do you have reliable transportation?	
Online: Do you have access to Skype? Yes No	Online: Do you have access to Microsoft Go To Meeting? Yes No	Online: Do you have access to Zoom? Yes No	Do you have a smart phone? Yes No
Are you a U.S. Citizen?	If not a citizen, do you have legal documents?	Primary Language:	

Residence			
Current Address:	City:	State:	Zip Code:
How long have you lived there?	Who do you live with and relationship to self?		

Education			
Did you graduate high school or complete GED? Yes – HSD Yes – GED No – Did not complete	High School:	Year of Completion:	Highest Grade Completed:
Were you previously enrolled in special education classes? Yes No	Are you currently in school? Yes No		Highest Level of Education:
College or Technical School/Degree/Certifications:			Year of Completion:

Tarrant County Mental Health Diversion Program  
Intake Questionnaire

<b>Employment</b>		
Current Employer:	How many hours do you work per week?	Job Position:
How long have you been employed there?	Average Monthly Income:	Household Average Monthly Income:
Do you receive any other income? If yes, amount:	Do you have health insurance? If yes, what kind: Yes No Insurance: _____	Military History:  Reason for Discharge:

<b>Family</b>		
Marital Status:	Length of Current Relationship Status?	Spouse Name:
Number of Children?	Do your children live with you? Yes No	If not, with whom?
Are you required to pay child support? Yes No	If so, how much?	

<b>Substance Abuse History</b>			
Have you ever used any of the following substances?	Circle	Age of First Use	Date of Last Use
Alcohol	Yes No		
Heroin	Yes No		
Methadone	Yes No		
Opiates/Analgesics/Pain Pills	Yes No		
Benzodiazepines (Xanax, Klonopin, etc.)	Yes No		
Cocaine	Yes No		
Amphetamines/Methamphetamines	Yes No		
Marijuana	Yes No		
Hallucinogens	Yes No		
Inhalants	Yes No		
Have you ever attended substance abuse treatment? If so, where and when.:			
_____			
_____			
_____			
_____			

Tarrant County Mental Health Diversion Program  
Intake Questionnaire

Mental Health		
Have you ever attended treatment for <b><i>mental health</i></b> ?    Yes    No If yes, what is your <b><i>diagnosis</i></b> ? _____ If yes, please list below. Include previous hospitals such as JPS, Mesa Springs, Millwood, any previous outpatient programs such as PHP and IOP, Psychiatrist, Primary Doctor, MHMR, Counselors/Therapist, etc.		
Where (List Below)	When (Most Recent First)	What For
Are you currently prescribed <b><i>mental health</i></b> medications?    Yes    No If yes, please list medication below, with prescribed dosage/Frequency and prescribing physician.		
Medication	Dosage/Frequency	Prescribing Physician

Is there anything else that you would like for us to know about you? If so, please discuss:

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# Mental Health Diversion Court

## INFORMED CONSENT FOR INTERVIEW AND PERMISSION TO RELEASE INFORMATION

The goals of the Tarrant County Mental Health Diversion Court (MHDC) are consistent with the Texas Government Code § 125.001, to provide diversion of potentially mentally ill or intellectual and developmentally disabled defendants to needed services as an alternative to subjecting those defendants to the criminal justice system. If you successfully complete the program your charges will be dismissed.

I, the undersigned understand that a mental health professional is interviewing me to help determine if I preliminarily meet the clinical criteria for admission into the Mental Health Diversion Court. I understand that this interview does not mean I am accepted into the program and as such, I am required to follow all current bonds, pretrial or court ordered conditions. I hereby consent to the interview as described above and give my permission for information gathered during this interview, and other sources to be shared with the members of the Mental Health Diversion Court Team which includes but is not limited to: other mental health professionals for consultation and training purposes, criminal defense attorneys, prosecutors and other criminal justice/court staff and personnel as outlined in Sec. 125.003. By signing this document, I understand I am waiving my legal rights to confidentiality to allow judicial efficiency due to my current pending case(s).

I agree to meet with my attorney to discuss the conditions of the MHDC to ensure I am making an informed decision to enter the program before I sign any required legal documents. I understand that admission to this program is voluntary and that the final approval for admission will be determined by a representative of the District Attorney's office and the Judge of the Mental Health Diversion Court.

Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_