

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE: FAX NO. (<i>Optional</i>): ATTORNEY FOR (Name): EMAIL ADDRESS (<i>Optional</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input checked="" type="checkbox"/> Butte County Courthouse <input type="checkbox"/> North Butte County Courthouse One Court Street, Oroville, CA 95965 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002 (530) 532-7002	
PLAINTIFF: PEOPLE OF THE STATE OF CALIFORNIA DEFENDANT:	
APPLICATION / REQUEST FOR MENTAL HEALTH DIVERSION; ADVISAL AND WAIVER OF RIGHTS	CASE NUMBER:

Defendant: Initial each statement below.

1. _____ I am the defendant in the above-captioned case, charged with the following law violation(s) _____, and I am now requesting Mental Health Diversion pursuant to California Penal Code § 1001.36.
2. _____ I have been advised of and understand and waive time on the proceedings in this case including my right to a speedy trial.
3. _____ I understand Mental Health Diversion, if granted, will be no longer than two years from the date it is granted and will include a court-ordered treatment program.
4. _____ I understand that to be granted Mental Health Diversion, I am required to provide a written assessment or other evidence confirming I suffer from a mental health disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
- 5(a). _____ I understand I am required to provide a written treatment plan for said mental health disorder(s) and comply with the treatment plan, for said disorder, as ordered by the court, as a condition of diversion.
- 5(b). _____ I understand and agree that if I do not comply with the court-ordered treatment plan, or other orders on release, that my diversion can be revoked summarily by the court, that I can be arrested and returned to custody, and the criminal proceedings could be reinstated if my diversion is terminated after a noticed hearing.
6. _____ I understand and agree that if I am arrested or charged with a new criminal offense while participating in the Mental Health Diversion program, that my diversion can be revoked summarily by the court, that I can be arrested and returned to custody, and the criminal proceedings could be reinstated if my diversion is terminated after a noticed hearing.
7. _____ I understand and agree that I may be ordered to pay restitution to any victim of my alleged crime(s).
8. _____ I understand and agree my release on Mental Health Diversion may be conditioned with terms including no firearms, no dangerous or deadly weapons, no illegal controlled substances, and search and test by law enforcement of me, my possessions, my home, my vehicle, or any container therein, without probable cause.
9. _____ I understand that if I perform satisfactorily during the period of Mental Health Diversion, the Court will dismiss the criminal charges. I understand that upon successful completion of the Mental Health Diversion program, the arrest upon which the diversion was based shall be deemed to have never occurred, except as stated in statement 10, below.
10. _____ I have been advised and understand that the arrest upon which the diversion was based may be disclosed by the Department of Justice to any peace officer application request and does not relieve the defendant of the obligation to disclose the arrest in response to any direct question contained in any questionnaire or application for a position as a peace officer, as defined in section 830.

I declare under the penalty of perjury under the laws of the State of California that I have read and understand each of the statements above, and by initialing each statement I agree to their contents.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DEFENDANT)