

1 **IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF BUTTE**

2 **MENTAL HEALTH DIVERSION APPLICATION**

3 THE PEOPLE OF THE STATE OF CALIFORNIA,  
4 Plaintiff,

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

5 v.

**COVER SHEET**

6 \_\_\_\_\_  
7 Defendant.

- 8
- 9 1. **Application and Waiver** form signed by the Defendant and filed on: \_\_\_\_\_ [date]
- 10 2. **Request for Information** and Waiver form signed by the Defendant and filed on: \_\_\_\_\_ [date]
- 11 3. **Mental Health Disorder diagnosis** of: \_\_\_\_\_ was **opined to** by a  
12 Qualified Mental Health Expert: \_\_\_\_\_ [name, title] on: \_\_\_\_\_ [date]
- 13 4. **QMHE opines** the defendant’s symptoms of the mental disorder motivating the criminal behavior would  
14 respond to mental health treatment, as stated **in the current Assessment Report dated:** \_\_\_\_\_
- 15 5. A **Treatment Plan** by the QMHE is **attached** attesting the plan will meet the individual needs of the defendant
- 16 6. Defendant is currently charged with the crime(s) of: \_\_\_\_\_
- 17 7. Charge(s) is/are **not precluded** within the meaning of PC section 1001.36(b)(2)
- 18 8. **Opinion** Defendant’s mental disorder was a **significant factor** in the commission of the charged offense, and  
19 **substantially contributed** to the defendant’s involvement in the commission of the offense, is based on  
20 relevant and credible evidence that includes one or more of the following: police reports, preliminary hearing  
transcripts, witness statements, statements by the defendant’s mental health treatment provider, medical  
records, records or reports by qualified medical experts, or evidence that the defendant displayed symptoms  
consistent with the relevant mental disorder at or near the time of the offense, **and further summarized**  
21 **herein**
- 22 9. District Attorney’s Office has been consulted prior to the application and will likely take the position of:  
\_\_\_\_\_  
23
- 24 10. Other factors addressed in this application include: The facts of the crime; criminal history of the defendant;  
any source of Formal Supervision; housing during treatment; prior Mental Health Treatment history
- 25
- 26

27 **Date:** \_\_\_\_\_

\_\_\_\_\_ **Counsel for the Defendant**