

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA
NEVADA COUNTY MENTAL HEALTH TREATMENT
COURT REFERRAL**



Client Information

Name: _____ Alias: _____
 Address: _____
 Phone Number: (____) _____ - _____ DOB: _____
 Defense Attorney: _____ District Attorney: _____
 Probation Officer (if applicable): _____ Date: _____

Next Court Date: _____

Case No.	Underlying Charges (note if VOP/1203.2)	Maximum exposure

District Attorney ☐ **does object** ☐ **does not object** (check one) to referral (no agreement as to appropriateness).

Special conditions of probation, if accepted into MHC (i.e. drug terms, search terms, CPO's/stay aways, restitution, etc):

Disposition upon graduation of MHC (check all that apply; if not checked, indicates no agreement):

- ☐ Remain on probation with "standard" terms (including any "special conditions" – see above);
☐ Modify probation to "informal" (summary court probation);
☐ Reduction to misdemeanor per Penal Code §17;
☐ Dismissal per Penal Code §1203.4

Disposition if terminated from MHC (if there is no new case):

Term/type of probation/Custody time/Any other special conditions (i.e. drug terms, search terms, restitution, etc.):

Signature of Defense Counsel: _____ **Date:** _____

Signature of District Attorney: _____ **Date:** _____