

Nevada County Mental Health Treatment Court Referral

Defense Atty: _____ Date: _____

DA: _____

Probation Officer (if applicable): _____

Client: _____ **Alias:** _____

Address: _____

Telephone: _____

D.O.B.: _____

Next Court Date:

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

DA _____ **does** / _____ **does not object** 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, CPO's/stay aways, restitution, etc.):

Signature of defense counsel: _____

Signature of DA: _____