

10. _____ I agree that failure to participate in the treatment program, or violation of the agreements in this Petition, may result in sanctions, including jail time, electric home detention, work crew, or community service work, as a condition of continuation in the treatment program.
11. _____ I agree that as part of the MHC program the Court may also require me to seek and maintain employment, employment counseling, and to obtain a GED if I do not already have one, or have a high school diploma.
12. _____ I agree that the Court may require me to appear in Court at least twice a month regardless of my compliance and success in the MHC program. I agree that the Court may require me to appear in Court more frequently to review my compliance within the program.
13. _____ I agree that a subsequent finding of probable cause that I no longer meet, or did not initially meet, the eligibility criteria for entry in the Washington County Mental Health Court program may be grounds for termination from the program.
14. _____ I further agree that the Court may extend the treatment program or my probation for additional time to allow me to successfully complete the MHC program requirements.
15. _____ I agree to keep the treatment provider, my attorney and the Court advised of my current address and phone number at all times during the treatment program.
16. _____ I understand that I must enroll in, or attempt to enroll in the Oregon Health Plan, or use any health insurance policy I have, to defer the costs of my treatment program.
17. _____ I agree to do any other mental health conditions ordered by the Court.

PROBATION VIOLATIONS

1. _____ I understand that I am currently on probation and by entering the MHC program, I am adding certain conditions to my probation. I know I have the right to a contested hearing with a Judge.
2. _____ I understand that if I am accused of violating my probation, I may deny any of the allegation(s) against me. If I deny the allegations, I understand that I have these rights:
 - a) The right to a speedy hearing in front of a Judge;
 - b) The right to see, hear and face in open Court all witnesses called to testify against me;
 - c) The right to use the power and process of the Court to compel the production of any evidence, including the attendance of any witnesses in my favor;
 - d) The right to have the assistance of a lawyer at all stages of the proceeding;
 - e) The right to take the witness stand, and if I do not take the witness stand, I understand that it cannot be held against me; and
 - f) The right to have the state of Oregon establish that I have violated the terms of my probation by a preponderance of the evidence.

I have read, or have had read to me, the above statement of the rights I must, and the stipulations and agreements I must make to participate in the Washington County Mental Health Court. I understand what I have read or have had read to me. I knowingly and voluntarily give up these rights and enter into the agreements in this document.

I hereby petition the Court to admit me to the Washington County Mental Health Court based upon the waivers, stipulations and agreements in this document.

Dated this _____ day of _____, 20 _____.

Defendant