

Denton County
Juvenile Mental Health Court
SOAR



ATTORNEY INFORMATION BOOKLET

The Honorable Judge Kimberly McCary

The Honorable Paul Johnson
Denton County Criminal District Attorney

Laura Prillwitz, Program Coordinator



DENTON COUNTY JUVENILE MENTAL HEALTH COURT

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SOAR Mission Statement

To strengthen families while protecting the public by identifying youth with mental health issues and connecting them to appropriate community services; to reduce the number of youth with mental health issues who reoffend by using a multidisciplinary team approach to develop and monitor treatment and compliance; to assist youth with mental health issues to SOAR with empowerment, independence, freedom, beauty and dignity. (Adapted from acceptance speech of D.F., winner of SOAR logo contest, and child in the juvenile justice system.)*

*In the words of DF, an eight-grader and winner of the SOAR logo contest, “SOAR is a program for kids who are on probation and have mental health issues. A team of legal and counseling professionals work together with the [child] and his or her family to get well and succeed in life.” In DF’s vision of the SOAR logo, he “chose to draw an eagle because it represents power, independence, freedom, beauty, and dignity.”

APPLICATION OVERVIEW

This booklet is designed to make the application process for the Denton County Juvenile Mental Health Court SOAR efficient and easy to understand.

Your first step in seeking a candidate's admission into the Mental Health Court is to complete a Referral Form and provide the same to the Program Coordinator, who, in turn, will forward the form to the Mental Health Court Prosecutor. The Mental Health Court Prosecutor has complete discretion in permitting a candidate to move forward in the Mental Health Court process. Note that "sex cases" are not eligible for the Mental Health Court.

If the Mental Health Court Prosecutor agrees that your client is eligible for the Mental Health Court, your client and his/her family will be given written instructions from specific Juvenile Probation Department personnel (Probation) as to how the process will proceed. See Screening Process flow chart for a general overview.

None of the forms provided in this booklet or via Probation should be turned into the District Attorney's Office. Your client should return necessary forms and documents to the Mental Health Court Coordinator. She and her team and a third party professional (psychiatrist/psychologist/ mental health professional) will use the information completed by your client throughout the screening process to help provide the Mental Health Court Team with an accurate assessment of your client's suitability for the Mental Health Court.

Information gathered through forms provided in this packet or via Probation, a screening interview, and mental health evaluation (such as a psychological evaluation or behavioral health assessment*) will be used to produce a Juvenile Mental Health Court Report. The Mental Health Court Report will be available to the Mental Health Court Team. The Mental Health Court team will meet to discuss whether or not your client should be admitted into the Mental Health Court. The judge has the final decision. If your client is accepted into the Mental Health Court, he/she will appear in court to enter a plea and sign Mental Health Court paperwork and present the same to the judge. Thereafter the client will fulfill all of the Mental Health Court conditions, including attending bi-monthly court hearings.

(*If your client has not completed an acceptable mental health evaluation, he or she will be asked to do so. If an evaluation has been completed prior to the request to enter the Mental Health Court, the Coordinator will review the same to determine if it meets the Court's requirements.)

The Court believes that time is of the essence is responding to a request for admission into the Juvenile Mental Health Court (MHC), and all parties should act accordingly in fulfilling the Court's expectation.

**SOAR - Denton County Juvenile Mental Health Court
Referral Form**

While your referral of this Juvenile is vitally important, please know that, due to state and federal law, we may not be able to respond to you or provide you updates on the Juvenile's progress through the Court process.

Juvenile's name: _____ Today's date: _____
Juvenile's date of birth: _____ Alleged offense: _____
Date of alleged offense: _____ County in which alleged offense occurred: _____
Is the Juvenile currently detained or hospitalized? _____ If so, where? _____
Juvenile's address: _____
Juvenile's county of residence: _____
With whom does the Juvenile reside? _____
Phone numbers: _____ Relationship to Juvenile: _____
Juvenile's Mental Health Diagnosis: _____
Juvenile's Current Medications: _____
Juvenile's Current Treatment Provider: _____
Describe Juvenile's known or reported drug or alcohol use or abuse: _____

Name of person making referral: _____ Relationship to Juvenile: _____
Contact numbers for person making referral: _____

Is the Juvenile exhibiting any of these behaviors/conditions? (Circle all that you observe or that were reported to you.)

- | | |
|-------------------------|-----------------------|
| Auditory hallucinations | Visual hallucinations |
| Irrational behavior | Bizarre behavior |
| Delusional thoughts | Suicidal behavior |
| Depression | Manic behavior |
| Manic speech | Racing thoughts |
| Self injurious behavior | Other, explain: _____ |

Other comments: (use extra sheet if necessary.): _____

Has the Juvenile ever been hospitalized in a psychiatric facility: _____ (yes/no/unknown)
Return this form to: Laura Prillwitz, laura.prillwitz@dentoncounty.com or Juvenile Probation Department, 210 S. Woodrow Lane, Denton 76205.

MHC Team

MHC Judge

Judge Kimberly McCary
210 South Woodrow Lane
Denton, Texas 76205
940.349.2524 (phone)
kimberly.mccary@dentoncounty.com

MHC Prosecutor

Allison Sartin
Denton County Criminal District Attorney's Office
1450 E. McKinney Street, #3100
Denton, Texas, 76209-4524
940.349.2600 (phone)
940.349.2601 (fax)
allison.sartin@dentoncounty.com

MHC Coordinator

Laura Prillwitz
Denton County Juvenile Probation Department
650 S. Mayhill Road
Denton, Texas, 76208
940.349.3340 (phone)
940.349.5319 (fax)
laura.prillwitz@dentoncounty.com

MHC Supervision Officer

Shannon Ward
Denton County Juvenile Probation Department
210 S. Woodrow Lane
Denton, Texas 76205
940.349.2415 (phone) 940.349.2402
(fax) shannon.ward@dentoncounty.com

MHC Case Manager

James Jones
Denton County Juvenile Probation Department
210 S. Woodrow Lane
Denton, Texas 76205
940.349.2400 (phone)
940.349.2402 (fax)
james.jones@dentoncounty.com

MHC Attorney for Respondent

Prudence Sanchez*

(*Ms. Sanchez may substitute other attorneys in her place.

The child may also be represented by a retained attorney, who shall be deemed part of the Team.)

721 West Mulberry

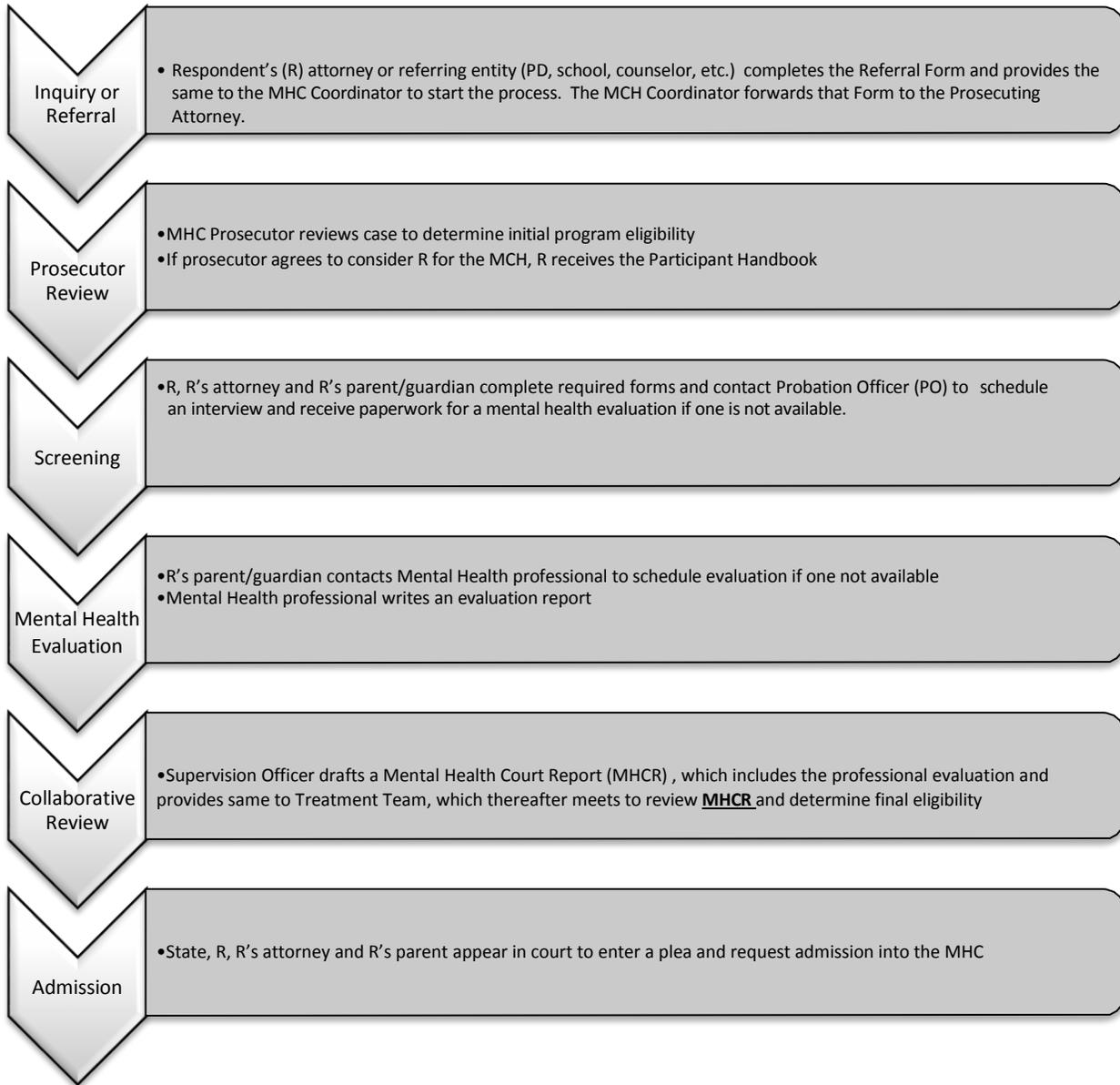
Denton, Texas 76201

940.453.7613 (phone)

817.887.1530

pmsanchezlaw@gmail.com

SCREENING PROCESS



PROGRAM OVERVIEW

THE SOAR PROGRAM Denton County Juvenile Mental Health Court Programmatic Overview

PROGRAMS PURPOSE: The program’s purpose is to serve the needs of children who are at risk of being removed from their homes due to mental health issues that result in behaviors that make them unmanageable in their home and/or community environments. The program was established to bring intensive services to these children in their homes and to address the family issues that may be contributing factors to the dysfunction of the identified children. The program is designed to assess the issues in the home that impact the mental health of the child and the functionality of the family and to work with the family and community resources to address the identified problems and to provide the rehabilitative and supportive services that will allow the juvenile to remain in his home with a decreased risk of removal as well as a lessened risk of recidivism, thereby keeping the community safe.

PROGRAM GOAL: The goal of Denton County Juvenile Mental Health Court is to reduce delinquency, increase offender accountability and rehabilitate juvenile offenders through a comprehensive, coordinated community-based juvenile probation system that involves the entire family dynamic.

TARGET POPULATION: Post adjudicated male and female juveniles between the ages of 10-17 diagnosed with mood disorder, psychosis, mania, anxiety, trauma (PTSD), anger issues, and ADHD amongst other diagnosis.

ELIGIBILITY CRITERIA: In order to be eligible for program consideration, the juveniles must meet the criteria of the following target population. The juvenile must be found to:

1. Post adjudicated youth
2. Have a DSM-5 diagnosis other than or in addition to substance abuse, ADHD, mental retardation, autism, or pervasive developmental disorder.
3. IQ of 70 or greater.

REASONS FOR EXCLUSION: Primary diagnosis of ODD, Conduct Disorder, ADHD. Juveniles charged with a “sex offense”.

THERAPEUTIC PROVIDER: Denton County Juvenile Contract Providers

PSYCHIATRIC SERVICE PROVIDER: Denton County MHMR or Participant’s Private Psychiatrist

ESSENTIAL PROGRAM CHARACTERISTICS:

- 1.** The program will have an integrated treatment and service approach in processing cases by utilizing a psychiatric evaluation, a psychological or behavioral health assessment, and a substance abuse screening.
- 2.** The program will use a non-adversarial approach with participants by including prosecutors and defense attorneys, which will ensure due process rights and protection for the public.
- 3.** Program staff will strive for early identification of program participants who are eligible.
- 4.** Within two business days after placement in the program, participants will have a developed treatment plan for appropriate mental health treatment, with services beginning the same week of acceptance.
- 5.** Participants will attend Juvenile Mental Health Court bi-weekly or monthly depending upon their phase in the program.
- 6.** The program, through intensive mental health treatment and services will provide opportunities for participants who are at risk for out of home placements to remain in the community and avoid further re-offending and avoid further court sanctions.
- 7.** Output measures and monitoring will be done for each phase of the program to ensure program effectiveness. Recidivism rates will be measured for one, two, and three years after the program.
- 8.** Program staff will continue to participate in interdisciplinary training and continuing education to promote effective program planning and services.
- 9.** The Program staff will work closely with MHMR, Denton County Independent School Districts, the National Alliance on Mental Illness (NAMI), and other community programs to provide appropriate services and referrals to participants and their families.

Denton County Juvenile Mental Health Court

SUMMARY OF PROGRAM PHASES

| | PHASE ONE – 30 days Orientation | PHASE TWO – months 2-4 Stabilization | PHASE THREE – months 5-6 Transition | AFTERCARE – 90 days |
|--|--|---|---|-------------------------------|
| Court Review Hearing Frequency | Bi – Weekly | Bi-Weekly | Monthly | N/A |
| Frequency of Therapeutic Services | 1 hour per week minimum | 1 hour per week minimum | 1 hour per week minimum | 1 hour per month or as needed |
| Frequency of Case Management Services | 1 hours per week minimum | 1 hours per week minimum | 1 hour per week minimum | 1 hour per month or as needed |
| Frequency of Probation Contacts | 2 contacts per week | 2 contacts per week | 2 contacts per week | 1 contact per week minimum |
| Frequency of Cognitive Behavioral Group Interventions | 1 hour per week | 1 hour per week | 1 hour per week | N/A |
| Mandatory Meetings | Family Suitability Interview Weekly case staffings Assessments Treatment Plan Development Monthly review | Treatment Plan Updates Weekly case staffings Transition Planning Monthly reviews | Treatment Plan Updates Weekly case staffings Transition Planning Discharge Planning Monthly reviews | Monthly reviews Case Plan |

Court Appearances

MHC dockets are scheduled for the second and fourth Thursdays of every month at 3:00 p.m. or as otherwise directed by the Court. Participants are required to report for court sessions on time and as directed. This could include weekly court dockets depending on the participant’s individualized treatment plan. Any participant reporting late for court or who fails to report to court will be subject to sanctions of the court.

Reporting and Medical and Mental Health Appointments

Reporting to the MHC Supervision Officer and making all counseling appointments are two of the most important aspects of the MHC. The participants should make every attempt to make their appointments or, if they cannot attend their appointments, notify both their mental health care provider and their supervision officer so they can be rescheduled. If the participant fails to attend an appointment possible sanctions could be ordered by the Court.

Alcohol and Drug Testing

Any participant may be tested at any time for alcohol or drugs. Sobriety monitoring is critical for both the sobriety of the participant and the safety of the community. Any participant suffering from chemical dependency issues will be monitored regardless of the charge which brought them to the MHC.

Incentives

- Judicial recognition
- Reduced Court appearances (give Participant a voice in this, he/she might like to come to court)
- Reduced reporting to the Supervision Officer
- Reduced community service hours
- Relaxed curfew
- Expanded permissible activities, privileges
- Reduced UAs
- Praise/Applause/Other Accolades
- Being excused from Court early
- Being heard at the beginning of the docket
- Opportunity to showcase talent (art work, poetry, etc.)
- “Honor “Roll”, announce participants who have been compliant for a certain amount of time
- Graduation certificates
- Early termination of probation

Sanctions

- Increased Court appearances
- Court admonishment in front of other participants
- Detention
- Writing/reading/workbook assignment
- Letter of apology in appropriate situation
- Verbal reprimand
- Additional community service hours
- Increased contact with Supervision Officer and/or Court
- Return to previous Phase
- Tightened curfew
- Removal of privileges

- Additional program
- Increased UAs
- Address Judge/peers in court
- Extension of time in phase
- Increased individual counseling
- Removal from program

Graduation

All participants must successfully complete all phases of the program before being considered for graduation. In addition, participants must be following the terms of probation, be attending school on a regular basis, be taking medication as prescribed, be passing U.A.s, and have attended all court dates. Before graduating, participants must be making all appointments with Supervision Officer, Case Manager and be actively participating in counseling.

Authorizations for Treatment and Disclosure of Information

All participants and their parents/guardians shall sign the following form or one(s) similar to this form:

DENTON COUNTY JUVENILE MENTAL HEALTH COURT
AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Participant's Name: _____ Phone: (_____) _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____
STREET CITY STATE ZIP CODE

X

I hereby authorize the **Denton County Juvenile Mental Health Court Treatment Team to disclose and/or receive** my child's/ward's Protected Health Information **to/from** the following entities (LINE THROUGH THOSE NOT APPROVED for disclosing and/or receiving information):

Denton County Court at Law Number One
Denton County Juvenile Mental Health Court
Denton County Criminal District Attorney's Office
Denton County MHMR
Denton County Juvenile Detention

Denton County Juvenile Probation
Center for Health Care Services
Denton County Friends of the Family
Texas Department of Family and Protective Services
Participants School Personnel

Participant's Physician _____

Participant's Psychiatrist _____

Participant's Attorney _____

Participant's Counselor _____

Participant's Family Members/Significant Others/Support Group: (List all)

Others: _____

I understand the information will be used or disclosed for the following purpose(s): EVERY PERSON INVOLVED IN THE PARTICIPANT'S ENROLLMENT WITH THE DENTON COUNTY JUVENILE MENTAL HEALTH COURT, including but not limited to the participant's family, treatment team, treatment providers, court staff, district attorney's office, Denton County Juvenile Probation Department, the attorney(s) for the Participant

X

I understand the following (see CFR §164.508 (c)(2)(i-iii):

- I have a right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization. To revoke this authorization, you must deliver a written statement signed by you or your legally authorized representative to a Mental Health Court Probation Officer or Coordinator.
- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose(s) listed. I understand that this authorization is voluntary and treatment, Medicaid benefits, or payment processing will not be withheld if I refuse to sign this authorization.
- **Many of the organizations that I may have authorized to receive my health information are NOT health-care providers.**
- **If an organization authorized to receive my information is not a health-care provider, the released information is no longer protected by federal Privacy regulations (45 CFR Parts 160 through 164), and that it may be re-disclosed by the recipient.**
- **The Mental Health Court cannot limit or control the subsequent use, reproduction, or dissemination of the health information I have authorized to be released.**

_____ (Participant's Initials) _____ (Parent/Guardian Initials)

The requested information in my health records may include information relating to AIDS, HIV, psychiatric, behavioral or mental health services, and substance or alcohol dependency.

- **This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived. (initial)**
 - ❖ This authorization will be valid until the above-named Participant is no longer a participant in the Denton County Juvenile Mental Health Court.

Participant's Signature and Date

Parent/Guardian Signature, Printed Name, and Date

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records requested herein.

WAIVER AND RELEASE OF MENTAL HEALTH COURT REPORT

TO THE PRESIDING JUDGE OF THE JUVENILE MENTAL HEALTH COURT:

I, _____, a Respondent charged in Denton County, Texas, alleged to have committed acts constituting a criminal offense under the laws of the State of Texas, do knowingly, voluntarily, and intelligently consent to the release and inspection of the Mental Health Court Report prepared by officers of the Denton County Juvenile Probation Department pursuant to and in accordance with my request and application to be considered for the Juvenile Mental Health Court. By providing this release, I understand I am waiving any rights or complaints of confidentiality regarding the information I provide to the Mental Health Court Coordinator/Probation Officer as a part of my application for Mental Health Court.

I authorize the release of my Mental Health Court Report to any and all members of the Mental Health Court Treatment Team in order to facilitate the screening process to determine my eligibility for the Mental Health Court.

I understand the information I provide as part of the process of preparing my Mental Health Court Report could possibly be used in my subsequent prosecution for the crime I have been alleged to have committed should I not be accepted into the Mental Health Court.

Respondent's signature

Date: _____

Respondent's attorney's signature

Date: _____

Parent/Guardian's signature

Parent/Guardian's printed name: _____

Date: _____

FINANCIAL PROFILE

The Family shall complete the attached Financial Status Form.

- Failure to complete this form will prevent juvenile probation from providing you financial assistance for programs and services.
 - List all money received **LAST MONTH** by **each person living in your home**. This should include the following income sources:
 - **GROSS PAY** from **ALL** jobs. Gross pay is the total earned before deductions for taxes, Social Security, etc.;
 - Amount received for welfare payments, unemployment compensation, or child support payments;
 - **GROSS** amount received from all retirement, pension, or Social Security payments;
 - Any other income sources, such as disability payments, workman's compensation, etc.
- NOTE:** If anyone's income for last month was higher or lower than usual, list that person's **AVERAGE** monthly income.

| Parent/Guardian/Custodian Information: | | | |
|--|---------------------|-------------|------|
| Adult Household Member Name: | Home or Cell Phone: | Work Phone: | |
| Street Address: | City: | State: | ZIP: |

| Juvenile's Information (Child referred to Juvenile Probation): PLEASE PRINT CLEARLY | | |
|---|---------------------------------|--|
| Child's Name (First and Last): | Child's Social Security Number: | Amount of monthly child support paid out-of-home for all children: \$_____ |

| Provide your child's Food Stamp Case # or your TANF Case # (if applicable) | |
|--|--------------|
| Food Stamp Case #: | TANF Case #: |

| If you are paying for dependent (child or adult) care expenses, please complete the following: | | |
|--|-------------------------------------|--|
| Care Provider: Name: _____ Name: _____ Name: _____ | Total Monthly Paid \$: _____ .00 | Are these dependent care expenses necessary to allow the parent/managing conservator to work? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Provide information for EVERYONE living in your household (Including yourself) | | | | | |
|--|-----|-----|-----------------------|---------------|----------------------|
| Name | DOB | SSN | Relationship to Child | Income Source | Gross Monthly Income |
| | | | Child | | |
| | | | | | |
| | | | | | |
| | | | | | |
| GROSS MONTHLY TOTAL: | | | | | |

If the source of any of the income listed above is from Social Security, please check whether it is: SSI or RSDI

I certify that all of the above information is true and correct and that all income is reported.

| | |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

| PROBATION STAFF USE ONLY Department Assistance Determination/Approval | | |
|---|--|---|
| Deferred Prosecution Fee Waiver <input type="checkbox"/> YES <input type="checkbox"/> NO | Placement <input type="checkbox"/> Family to Pay: _____% Amount to be paid: \$_____ .00 | Non-Residential Services <input type="checkbox"/> Family to Pay: _____% |
| Reason Assistance Denied <input type="checkbox"/> Income <input type="checkbox"/> Incomplete Application | Signature Probation Officer/Date | Signature Probation Officer/Date |

DENTON COUNTY JUVENILE DEPARTMENT YOUTH ASSESSMENT

CHILD DATA

Name: _____ PID # _____

AKA: _____

Address: _____

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

County: _____ How Long in County? _____

Phone #: _____ Pager/Cell: _____

S.S. #: _____ D.L. #: _____

Date & Place of Birth: _____ Religion: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Report: _____ Person(s) Present: _____

Scars, Tattoos, Birthmarks: _____

PARENT/ GUARDIAN AND OTHER FAMILY MEMBERS

NATURAL FATHER: _____ RACE: _____

SSN: _____ DOB: _____ POB: _____ DL: _____

Address: _____ Phone: _____

What is your level of education? _____

Are you employed: Yes _____ No _____ Where? _____

Employer Address: _____ How Long? _____

Phone #: _____ Income \$ _____ bi-wkly/ mo / yr

Self-Employed? Yes _____ No _____ Federal Assistance: Yes _____ No _____

AFDC: \$ _____ Food Stamps: \$ _____ SSI: \$ _____ Medicaid Yes _____ No _____

Other Income: \$ _____ Source: _____

If deceased, cause of death: _____ Date of Death: _____

MARRIAGE HISTORY

Current Marital Status: _____ Number of Marriages: _____

| Name: | Date of Marriage | Status/Date: | # of Children: |
|----------|------------------|--------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

NATURAL MOTHER: _____ RACE: _____
 SSN: _____ DOB: _____ POB: _____ DL: _____
 Address: _____ Phone: _____
 What is your level of education? _____
 Are you employed: Yes _____ No _____ Where? _____
 Employer Address: _____ How Long? _____
 Phone #: _____ Income \$ _____ bi-wkly/ mo / yr
 Self-Employed? Yes _____ No _____ Federal Assistance: Yes _____ No _____
 AFDC: \$ _____ Food Stamps: \$ _____ SSI: \$ _____ Medicaid Yes _____ No _____
 Other Income: \$ _____ Source: _____
 If deceased, cause of death: _____ Date of Death: _____

MARRIAGE HISTORY

Current Marital Status: _____ Number of Marriages: _____

| <u>Name:</u> | <u>Date of Marriage</u> | <u>Status/Date:</u> | <u># of Children:</u> |
|--------------|-------------------------|---------------------|-----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

GUARDIAN/STEPPARENT: _____ RACE: _____
 SSN: _____ DOB: _____ POB: _____ DL: _____
 Address: _____ Phone: _____
 What is your level of education? _____
 Are you employed: Yes _____ No _____ Where? _____
 Employer Address: _____ How Long? _____
 Phone #: _____ Income \$ _____ bi-wkly/ mo / yr
 Self-Employed? Yes _____ No _____ Federal Assistance: Yes _____ No _____
 AFDC: \$ _____ Food Stamps: \$ _____ SSI: \$ _____ Medicaid Yes _____ No _____
 Other Income: \$ _____ Source: _____
 If deceased, cause of death: _____ Date of Death: _____

MARRIAGE HISTORY

Current Marital Status: _____ Number of Marriages: _____

| <u>Name:</u> | <u>Date of Marriage</u> | <u>Status/Date:</u> | <u># of Children:</u> |
|--------------|-------------------------|---------------------|-----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

GUARDIAN/STEPPARENT: _____ RACE: _____
 SSN: _____ DOB: _____ POB: _____ DL: _____
 Address: _____ Phone: _____

What is your level of education? _____

Are you employed: Yes _____ No _____ Where? _____

Employer Address: _____ How Long? _____

Phone #: _____ Income \$ _____ bi-wkly/ mo / yr

Self-Employed? Yes _____ No _____ Federal Assistance: Yes _____ No _____

AFDC: \$ _____ Food Stamps: \$ _____ SSI: \$ _____ Medicaid Yes _____ No _____

Other Income: \$ _____ Source: _____

If deceased, cause of death: _____ Date of Death: _____

MARRIAGE HISTORY

Current Marital Status: _____ Number of Marriages: _____

| <u>Name:</u> | <u>Date of Marriage</u> | <u>Status/Date:</u> | <u># of Children:</u> |
|--------------|-------------------------|---------------------|-----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

SIBLINGS: (BROTHERS/SISTERS)

| <u>Name</u> | <u>Relation</u> | <u>DOB</u> | <u>School/Grade</u> | <u>Police Refs</u> |
|--------------------------------|-----------------|------------|---------------------|--------------------|
| 1. _____ | _____ | _____ | _____ | Yes/No |
| Relationship with Child: _____ | | | | |
| 2. _____ | _____ | _____ | _____ | Yes/No |
| Relationship with Child: _____ | | | | |
| 3. _____ | _____ | _____ | _____ | Yes/No |
| Relationship with Child: _____ | | | | |
| 4. _____ | _____ | _____ | _____ | Yes/No |
| Relationship with Child: _____ | | | | |
| 5. _____ | _____ | _____ | _____ | Yes/No |
| Relationship with Child: _____ | | | | |

Legal History of any family members (Specify): _____

1. How many times has the **family** moved in the past four years? _____
2. How many times has the **child** moved in the past four years? _____
3. Regarding the home and neighborhood of the family and child:
 - a. How many bedrooms _____, bathrooms _____ in the home.
 - b. Does the child have his/her own room? _____
 - c. Are you renting or do you own? _____
 - d. Describe the neighborhood: _____

CRIMINAL HISTORY INFORMATION

Any juvenile referrals to lower courts, another county, and/or out of state? _____

Runaway History:

Have you ever run away? Yes _____ No _____ If yes, how many times: _____

How many times were reported to the police? _____

MEDICAL HISTORY/ INFORMATION

1. Do you now have, or have you EVER had any medical problems? Yes _____ No _____ If yes, please specify. _____

2. Are you taking any medication? Yes _____ No _____ If yes, please specify below.

OTC Medication and dosage _____

Prescription and dosage _____

3. Do you have any type of allergies? Yes _____ No _____ If yes, please specify. _____

4. Are you allergic to any medications? Yes _____ No _____ If yes, what? _____

5. Has youth fathered a child/been pregnant? Yes _____ No _____

If yes, how many children: _____ or how many months pregnant? _____

6. Do you have medical insurance? Yes _____ No _____ If yes, with whom? _____

PSYCHOLOGICAL/COUNSELING HISTORY/ INFORMATION

1. Have you **EVER** been seen by a counselor, psychologist, or psychiatrist? Yes _____ No _____

If yes: when, where, why, how long, and with whom. _____

Diagnosis by counselor, psychologist, or psychiatrist(s) _____

2. Do you desire to see a counselor, psychologist, or psychiatrist? Yes _____ No _____ If yes, please explain _____

3. Psychological and/or psychiatric history of family members: (Specify) _____

RESIDENTIAL TREATMENT/ PLACEMENT HISTORY

1. Name of Facility: _____

Length of Treatment _____

Why Treatment was Needed: _____

2. Name of Facility: _____

Length of Treatment _____

Why Treatment was Needed: _____

3. Name of Facility: _____

Length of Treatment _____

Why Treatment was Needed: _____

4. Name of Facility: _____

Length of Treatment _____

Why Treatment was Needed: _____

Comments: _____

ABUSE HISTORY/ INFORMATION

1. Have you ever been physically abused? Yes _____ No _____ If yes:

a. Who abused you? _____

b. How were you abused? _____

c. How old were you when the abuse began? _____

d. Are you still being abused? _____

e. Is the person who is abusing you still living in the home? Yes _____ No _____

Comments: _____

2. Have you ever been sexually abused? Yes _____ No _____ If yes:

a. Who abused you? _____

b. How were you abused? _____

c. How old were you when the abuse began? _____

d. Are you still being abused? _____

e. Is the person who is abusing you still living in the home? Yes _____ No _____

3. Have you ever received counseling for any abuse issues? Yes _____ No _____

Comments: _____

4. Has CPS been notified of abuse in the past? Yes _____ No _____

5. Is CPS being notified at the present time? Yes _____ No _____

6. Does CPS have an open case? Yes _____ No _____

7. Who is the CPS caseworker, or past CPS caseworker? _____

Comments: _____

CHILD'S DRUG HISTORY AND INFORMATION

Child's Response:

1. Have you ever used any drugs? Yes _____ No _____

Alcohol? Yes _____ No _____

2. What drugs or alcohol have you used? _____

3. When was the first time you used drugs or alcohol? _____

4. What drugs or alcohol have you used in the past 3 months? _____

5. How often do you use drugs or alcohol?

Daily _____ What drug(s) or alcohol _____

Weekly _____ What drug(s) or alcohol _____

Bi-Weekly _____ What drug(s) or alcohol _____

Monthly _____ What drug(s) or alcohol _____

Other _____ What drug(s) or alcohol _____

6. Do you believe that you have a problem with drugs or alcohol? Yes _____ No _____

7. When is the last time you used drugs or alcohol? _____

8. Have you been exposed to drugs or alcohol in the community? _____ in the family? _____

If so, how many times in the past year? _____

9. How did you obtain the alcohol or drugs? _____

Parent/Guardian's Response:

1. Has your child ever admitted to using drugs or alcohol to you? Yes _____ No _____

What and when? _____

2. Have you seen any signs in previous 30 days that he/she has used drugs or alcohol? Yes _____ No _____
If yes, what and when? _____
3. How often do you think your child uses drugs or alcohol? _____ Why? _____

4. How long do you think your he/she has been using drugs or alcohol? _____ Why? _____

5. Have you seen any signs that your child's friends use drugs or alcohol? Yes _____ No _____
If yes, why? _____
6. Have you seen signs that your child sells drugs? _____
7. Does anyone in the immediate family have a drug or alcohol problem? Yes _____ No _____
If yes, who? _____
8. History of drug or alcohol use in the family? Yes _____ No _____
If yes, specify. _____
9. Do you believe that your child needs treatment or counseling for a drug or alcohol problem? Yes _____ No _____

SCHOOL INFORMATION

1. Type of Program: Sp./Ed. _____ Voc. _____ Reg. _____ Other _____
2. Present School: _____ Grade: _____
3. Have you ever failed a grade or had to repeat a grade? Yes _____ No _____
Comments: _____
4. Have you ever been suspended? Yes _____ No _____
How many times? _____ Why? _____
Placed in ISS/AEP/PASS/DAEP/JJAEP? Yes _____ No _____
How many times? ISS/PASS: _____ DAEP: _____ JJAEP: _____
Why? _____
Expelled? Yes _____ No _____
How many times? _____ Why? _____
5. How many times **during the past year** have you been in ISS/DAEP/AEP/JJAEP/suspended or expelled? _____
6. Are you involved in any extracurricular activities at school? Yes _____ No _____
What activities? _____

Behavior and Attendance at School:

Child's Response:

Parent's Response

Attendance: Good ___ Fair ___ Poor ___

Good ___ Fair ___ Poor ___

Behavior: Good ___ Fair ___ Poor ___

Good ___ Fair ___ Poor ___

Grades: Good ___ Fair ___ Poor ___

Good ___ Fair ___ Poor ___

If the answer to any of these items is poor, please explain: _____

CHILD'S EMPLOYMENT INFORMATION

1. Where employed? _____

2. Address: _____ Phone #: _____

3. Supervisor/Manager: _____ Income: _____

4. How Long? _____ Hours worked per week? _____

5. Past Employment: _____ How Long? _____

_____ How Long? _____

BEHAVIOR HISTORY

Please check all that apply and if yes, please explain.

Depression: Yes ___ No ___ _____

Anger Issues: Yes ___ No ___ _____

Bet Wetting: Yes ___ No ___ _____

Arson, Fire Starting: Yes ___ No ___ _____

Mood Swings: Yes ___ No ___ _____

If yes: Mild ___ Severe ___

Confusion Related to Sexual Identity: Yes ___ No ___ _____

Injured person, pet, animal: Yes ___ No ___ _____

Suicidal Thoughts: Yes ___ No ___ _____

Suicide Attempt(s): Yes ___ No ___

If yes when and why? _____

1. Has anything happened in your life that is traumatic experience to you? _____

2. Does the child have (or has had) access to pornography? Yes ___ No ___

If so, what type? _____

How often? _____

3. Is the child sexually active? Yes _____ No _____

4. Is the family following a safety plan? Yes _____ No _____

SOCIAL ACTIVITIES AND PEER RELATIONS

Child's Response

Parent's Response

1. Positive peer relationships: Yes _____ No _____ Yes _____ No _____

2. Manipulated by friends: Yes _____ No _____ Yes _____ No _____

3. Most of peers the same age: Yes _____ No _____ Yes _____ No _____

4. Do friends attend school: Yes _____ No _____ Yes _____ No _____

5. Gang Affiliation: Yes _____ No _____ Yes _____ No _____

If yes, what Gang: _____

6. How many associates/acquaintances to you have? _____

7. Do you believe you make friends easily? Yes _____ No _____

8. What are your hobbies? _____

9. Are you involved in any structured extracurricular activities outside of school? (i.e. church youth group, Big Brother/Big Sister, Scouts, etc.) _____

Comments: _____

INTRAFAMILY RELATIONS

Quality of Parenting Skills:

1. Do you believe you have adequate control over your child? Yes _____ No _____

2. Do you and your spouse usually agree on disciplinary matters? Yes _____ No _____

3. Is it hard for you to say "no" to your child? Yes _____ No _____

4. At what age did your child begin having problems? _____

What where they? _____

Reasons for Problems: _____

6. Present Problem: _____

Reasons for Problems (if known): _____

7. What actions were taken to address problems? _____

8. What is your idea of why your child got into trouble? _____

RELATIONSHIP WITH YOUR CHILD

1. Is your relationship with your child: very close _____ close _____ distant _____ hostile _____ physically aggressive _____
2. Can you communicate with your child? Yes _____ No _____
3. Do you do things together/spend time together? Yes _____ No _____
4. Do you believe there is a need for placement outside the home? Yes _____ No _____

Comments: _____

CHILD INFORMATION

Attitude:

Child's behavior at home: Cooperative/ Appropriate _____

Uncooperative/ Inappropriate/ Resistant _____ Out of Control _____

Is the child responsive to supervision and instructions in the home? Yes _____ No _____

Describe the child's behavior and personality: _____

Comments from the Child: _____

Does the child appear to take responsibility for his behavior? Yes _____ No _____

Comments: _____

Curfew Information:

Child's Response

Parent/Guardian Response

Weekday Curfew Time: _____

Weekday Curfew Time: _____

Weekend Curfew Time: _____

Weekend Curfew Time: _____

Abides by his/her curfew: Always _____ Sometimes _____ Never _____

Do parents know the whereabouts of the child when he/she leaves homes: Yes _____ No _____

Comments: _____

I certify the statements made by me in this information packet are true, complete and correct to the best of my knowledge. I understand the information I have been provided will be verified and any discrepancies will be noted in the subsequent screening report.

Respondent's signature

Date: _____

Parent/Guardian's signature

Parent/Guardian printed name: _____

Date: _____

DENTON COUNTY JUVENILE MENTAL HEALTH COURT POST SCREENING INSTRUCTION LETTER

To Mental Health Court Candidate:

The application process should take less than four weeks.

During that time, while your application is being considered:

You must appear for all court dates.

You will not use drugs, re-offend or get detained.

You will make yourself available for meetings with the Mental Health Court Supervision Officer and the Mental Health Court Case Manager. You will also have a Pre-court Probation Officer assigned to your case.

You will continue to follow any Court orders that may be in place for you, such as Orders of Release. If you are on Orders of Release, you must also stay in touch with the Pre-Court Probation Officer supervising you on those Orders.

You will contact your Probation Officer and provide any information concerning any changes to your application (telephone numbers, employment, residence, etc.).

Return telephone calls promptly.

Notify your Probation Officer within 72 hours if you need to cancel or reschedule any appointments. Failure to do so will result in a delay in the application process or removal from consideration.

Inform your Probation when you have scheduled and when you have completed your mental health evaluation.

Thank You
Denton County Juvenile Mental Health Court Team

Respondent's signature

Date: _____

Respondent's attorney's signature

Date: _____

Parent/Guardian's signature
Parent/Guardian's printed name: _____

Date: _____

Denton County Juvenile Mental Health Court Program

Sample Probation Terms

CAUSE NO:

IN THE MATTER OF

§
§
§
§
§

IN THE COUNTY COURT

AT LAW NO. 1

RESPONDENT/CHILD

DENTON COUNTY, TEXAS

COURT-ORDERED TERMS AND CONDITIONS OF PROBATION

_____ These terms supersede any other Court-Ordered Terms and Conditions of Probation.

The Court has placed you, the Respondent/Child (Respondent), on probation beginning _____ until midnight _____. During that term you shall obey the following Court-Ordered Terms and Conditions of Probation and any Amendments or Modifications hereto that are later Ordered by the Court:

1. LAW VIOLATIONS

Obey the laws and ordinances of this state, of any governmental sub-division of this state, of any other state, and of the United States.

2. PROBATION OFFICER VISITS

- A. Contact the Denton County Juvenile Probation Department within seven (7) calendar days of this Order if you have not already been contacted by the assigned Probation Officer.
- B. Meet with your Probation Officer at least once per month during office hours on the date and time scheduled by the Probation Officer.
- C. Permit the Probation Officer to visit you at your home, school, job, or elsewhere at any time.

3. FIREARMS & OTHER WEAPONS

- A. Do not possess a firearm, simulated firearm, or any other weapon, including illegal knives, unless the Court initials Item B below providing limited privileges.
- B. _____ If initialed by the Court, you may possess, only while supervised by a parent or guardian, a legal (1) firearm, (2) knife, (3) bow and arrow, or (4) other weapon for legal hunting or sporting purposes.

4. DRUGS & ALCOHOL & RELATED ISSUES

- A. Do not inhale, ingest, consume, or possess alcohol, marijuana, a dangerous drug, a controlled substance, any mind altering synthetic substance (even if the same is not yet prohibited by law), any intoxicating substance, or any nicotine. You may take medications that are prescribed to you in the manner in which they are prescribed to you. Do not possess an electronic cigarette or electronic pipe or vaporizer or related paraphernalia.
- B. Do not inhale, sniff, or in any way ingest paint or glue or any volatile chemical or harmful substance.

- C. Submit to all assessments for treatment purposes and submit to testing for usage of those substances and items prohibited in 4A and 4B.

The following term and condition is applicable if initialed by the Court:

- D. _____ Respondent shall undergo a complete drug and alcohol assessment and cooperate with and successfully complete all treatment recommendations; except that, if the assessment recommends inpatient treatment, further Orders of the Court would be necessary to require Respondent to complete such inpatient treatment.

5. ASSOCIATES/PROHIBITED PLACES

- A. Unless the person is your parent, guardian, custodian, or sibling, do not associate or have contact with persons with whom you have violated the law; persons on probation or parole; persons who violate the law; persons associated with criminal gangs; persons who are illegally possessing, inhaling, sniffing, huffing or in any way ingesting any substance referred to in 4A and 4B above; or the victim or the victim’s family.
- B. Do not associate in any way with nor have any contact whatsoever with _____
_____.
- C. Do not go within ____ feet of _____.

6. SCHOOL

- A. Enroll in an accredited school, obey all published school rule, and attend every class every day school is in session for your assigned campus unless you have an “excused absence” as that term is defined by your school's rules. Do not get expelled, suspended, receive an in-school suspension, or receive any other type of school suspension.
- B. Read the Student Code of Conduct of your school and any new school in which you might enroll while on probation and provide proof of having done so to your Probation Officer within seven (7) days of this Order or change of enrollment.
- C. Participate in tutoring for any class that you are failing, as the term “failing” is defined by your school.

The following terms and conditions are applicable if initialed by the Court:

- D. _____ Enroll in a G.E.D. program.
- E. _____ Enroll in and attend the Denton County Juvenile Justice Alternative Education Program (JJAEP) at 214 S. Woodrow Lane, Denton, Texas, on school days according to the calendar for the JJAEP and abide by the Student Code of Conduct for the JJAEP until you are readmitted to your public school.
- F. _____ You are permitted to participate in an accredited homeschool program.

7. CURFEW

- A. Unless you are participating in the Juvenile Mental Health Court (see rules set forth in Section 10J below) or unless you are with a parent pre-approved by the Court or the Probation Officer or other adult pre-approved by the Court or the Probation Officer (the persons approved as of this date are listed in Term 8A below), be at and inside your residence according to the following schedule:
 - on Sunday evenings through Friday mornings, no later than 7:00 p.m. each night until 7:00 a.m. the following morning and
 - on Friday evenings to Sunday mornings, no later than 9:00 p.m. each night until 7:00 a.m. the following morning.

- B. This provision applies to respondents who do not go to school, are not employed, and are not studying for a GED or involved in a vocational program. It is the Court’s intent that such children are not free to roam about during the day. Unless you are with a parent or other adult pre-approved by the Probation Officer or the Court, if you are not enrolled in an accredited school, or at work, or in actual attendance at a course of education/GED preparation or vocation, remain at home between 8:00 a.m. and 3:00 p.m. on those weekdays that are fall and/or spring semester school days. On non-school days, follow the curfew provisions in Section A.
- C. You may participate in officially sanctioned and supervised school/religious/civic/social activities which occur after curfew hours with the prior permission of the Juvenile Probation Department or the Court.
- D. You may seek work or work during curfew hours provided your parent, guardian, or custodian approves and gives prior notification to your Probation Officer of the name of the business, the business’s address, and phone number of where you are seeking work or working, as applicable. If/when you are working, you must provide your Probation Officer a copy of your work schedule at least seven (7) days in advance of each work week.

E.

8. PLACE(S) OF RESIDENCE

- A. Unless you are at a Court-Ordered “Placement” pursuant to Term 12 below, you must live and reside with _____, whose address is _____, whose phone number is, _____ and whose relationship to you is _____. You must not move from or be gone overnight from this residence unless you obtain consent of the Court or permission of your Probation Officer. Such consent or permission must be obtained at least seventy-two (72) hours before any such move or overnight stay away from this residence. You may also spend the night with _____, hereinafter “Supervising Adult”, whose address is _____, whose phone number is _____, and whose relationship to you is _____. Your probation officer must be notified in advance of any night(s) you will be spending with the Supervising Adult.
- B. You are permitted to visit or reside with a non-custodial parent, pursuant to a travel permit obtained from the Court or your Probation Officer.

9. COUNSELING/PROGRAMS/SERVICES

- A. Begin counseling within 30 days of receipt of a written counseling plan from the Denton County Juvenile Probation Department. Cooperate with and complete the counseling plan. The counseling shall include but is not limited to the following topics/issues: _____

_____.
- B. Attend and complete Denton County Juvenile Probation Department sanctioned programs as directed by your Probation Officer.
- C. _____ If initialed by the Court, _____ shall attend and successfully complete **(CHOOSE ONE OR BOTH)** Parenting Classes/a Batterer’s Intervention Program.
- D. _____ If initialed by the Court, undergo, cooperate with, and complete a behavioral health assessment and/or a psychological assessment and/or a psychiatric assessment -- at the discretion and direction of your Probation Officer -- and cooperate with and successfully complete all treatment recommendations; except that, if the assessment recommends inpatient treatment, further Orders of the Court would be necessary to require you to enroll in and complete such inpatient treatment. Respondent’s parent(s)/guardian(s)/custodian(s) may be requested by Probation to reimburse all or some of the costs of said assessment.

10. OTHER CONDITIONS

- A. Inform your Probation Officer of any change in school, address, phone number, employment, or marital status before making the change.
- B. Complete 12 / 24 / 48 / 100 or _____ hours of Community Service Restitution at a community service project supervised by the Juvenile Probation Department starting no later than 30 days from the date of this Order. Attend each community service event scheduled for you by your Probation Officer. Unless otherwise indicated, the Respondent’s parent SHALL NOT be ordered to perform this community service with the Respondent. See §54.044(b) of the Texas Family Code. Community service shall be satisfied by actual work performed unless alternative community service is approved by the probation officer on a case-by-case basis for good cause.
- C. Return to Court for a Probation Review Hearing upon written notice by your Probation Officer.

The following conditions are applicable if initialed or written in by the Court:

- D. _____ Actively seek and/or maintain employment throughout the term of your probation.
- E. _____ The Clerk of the Court is ordered to notify the Texas Department of Public Safety to suspend your Texas driver's license or not issue you a driver's license or permit for a period of
 _____ six (6) months _____.
 _____ twelve (12) months _____.
- F. _____ Respondent is Ordered to take all medications as prescribed.
- H. _____ shall study English as a Second Language.
- I. Other Condition(s): _____

J. _____ Juvenile Mental Health Court. You must successfully complete the Juvenile Mental Health Court. Your curfew will be determined by your Juvenile Mental Health Court Probation Officer, will be provided to you in writing, and is subject to change at any time during your Probation.

11. SPECIAL CONDITIONS

- A. Felony Adjudication: If the adjudicated offense is covered under FC §54.0409, submit a DNA specimen, within thirty (30) days of this Order, to the Department of Public Safety for the purpose of creating a DNA record. You, a parent, or other person responsible for your support shall pay for any costs associated with creating this record.

The following conditions are applicable if initialed by the Court:

- B. _____ Handguns (FC §54.0406)
 Within thirty (30) days of this Order, notify the Probation Officer of the manner in which you acquired the handgun, including the date and place of and any person involved in the acquisition.
- C. _____ Cruelty to Animals (FC §54.0407)

Participate in psychological counseling for a period of no less than _____ sessions.

D. _____ Damaging Property with Graffiti (FC §54.046)

Participate in the Denton County Juvenile Probation Restitution Program (monetary damages caused to victim are to be repaid as specified in the Order of Disposition).

Complete 15 / 30 or _____ hours of Community Service Restitution at a community service project supervised by the Juvenile Probation Department.

E. _____ Gang-related Conduct (FC §54.0491)

Participate in the Juvenile Probation Department sanctioned criminal street gang intervention program for not less than 12 hours of instruction.

12. PLACEMENT CONDITIONS

The following condition is applicable if initialed by the Court:

_____ Beginning on _____, or upon bed availability, and not to exceed midnight on _____, or until earlier successful completion of the program, the Court places you at _____, hereinafter "Placement", wherein you shall remain until discharged after successful completion of the Placement, abide by all of the rules of the Placement, cooperate with the Placement staff and plans of treatment, contact your Probation Officer within the rules of the Placement, and successfully complete the aftercare program including the JJAEP, if applicable.

13. COURT-ORDERED FEES

- A. You and/or your parent, guardian, or custodian shall pay a total of fifteen dollars (\$15) per month during the period you continue on probation, pursuant to Section 54.061 (a) of the Texas Family Code.
- B. You and/or your parent, guardian, or custodian shall pay twenty dollars (\$20), as costs of the Court, pursuant to Section 54.0411 (a) of the Texas Family Code.
- C. You and/or your parent, guardian, or custodian shall pay restitution as set forth in the Order of Adjudication/Modification and Disposition or Order of Restitution.

ORDERS and DIRECTIVES TO PARENT(S) / GUARDIAN(S)/CUSTODIAN(S)

Report any violation of these Orders to Respondent's Probation Officer. The report must be made no later than the next business day after the violation occurs. You must not give Respondent permission to violate these Orders.

You must call school officials and the Respondent's Probation Officer if the Respondent is absent from or late for school for any reason.

Provide transportation for the Respondent to meet his/her probation requirements and participate in any department sanctioned programs and/or services including counseling, non-residential programs, residential placements, and drug and alcohol assessments as required to comply with the terms and conditions of the Respondent's probation orders.

Pay required cost(s) for such programs and/or services in accordance with the applicable rates set forth in the fee schedules for residential and non-residential services established by the Juvenile Probation Department.

Repay the cost of random urinalysis drug screenings within ten (10) days of the testing or screening.

Permit the Probation Officer to visit you or Respondent at your home at any time and consent to the Probation Officer visiting Respondent at his/her school, job, or elsewhere at any time.

Signed this _____ day of _____, 20__.

Respondent /Child

Parent, Guardian or Custodian

Respondent /Child's Attorney

Parent, Guardian or Custodian

Other-State Relationship to Respondent:

Other-State Relationship to Respondent:

Attorney for the State

Signed this _____ day of _____, 20__.

Presiding Judge, Denton County Court at Law Number One, Sitting as a Juvenile Court

SAMPLE ACKNOWLEDGEMENT AND SAMPLE STIPULATION

The following documents will be signed and presented to the Court at the time the Respondent requests the Court to approve his/her admission into the Juvenile Mental Health Court.

Sample Acknowledgement

You are hereby advised that the Court shall determine the terms and conditions of your probation and, thus, your participation in the Mental Health Court. The Court also has the authority at any time during your probation to revoke your participation in the Mental Health Court for any violation of your Terms and Conditions of Probation.

By signing this document, you acknowledge that your participation in the Mental Health Court is VOLUNTARY. By signing this document and other related documents, you are indicating to the Court, the State of Texas, and your Attorney the desire to volunteer for the Juvenile Mental Health Court and to abide by and follow the rules of said Court and your Terms and Conditions of Probation. By signing this document, you understand that the Terms and Conditions of Probation may be modified at any time by the Court, and you agree to abide by those changes.

Sample Stipulation

STIPULATION OF EVIDENCE

COMES NOW _____, Respondent/Child in the above entitled and numbered cause, in writing and in open court, and consents to the Stipulation of Evidence in this case and in so doing expressly waives the appearance, confrontation, and cross-examination of witnesses, the right to a trial by judge or jury, and further consents to the introduction of testimony by affidavits, written statements of witnesses and other documentary evidence. Accordingly, the Respondent/Child, having waived his/her Federal and State Constitutional Right against self-incrimination and after having been sworn, upon oath, states as follows:

“I judicially confess to the following-facts and agree and stipulate that the facts are true and correct and constitute the evidence in this case:

I was born _____, and was _____ years old at the time of this offense. If called to testify, I would testify to the following facts: _____

SIGNED this _____ day of _____, 20__.

RESPONDENT/CHILD

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority this _____ day of _____,

20__.

JULI LUKE,

COUNTY CLERK

DENTON COUNTY, TEXAS

BY: _____
DEPUTY

APPROVED:

ATTORNEY FOR RESPONDENT/CHILD

Kimberly McCary, Judge Presiding