

Consent for Participation in the Jail Diversion Program

I, _____, agree to participate in the Jail Diversion Program. I understand I need:

- To provide accurate and complete information about matters relevant to my care.
- To cooperate with the recommended and agreed upon treatment plan, including using prescribed medications, and reporting any factors preventing me from doing so.
- To keep scheduled appointments or provide appropriate notice for cancellation.
- To pay fees in a timely manner and comply with other financial service agreements.
- To sign release of information forms for Courts, Judges, Prosecutors, Attorneys, and Jail Diversion Coordinator.

I understand that failure to follow through with the referral, appointments, and/or the above rules can lead to my dismissal from the Jail Diversion Program. I also understand that pending charges may be reinstated upon dismissal from the program and that I may be re-incarcerated.

Participant/Defendant Signature

Date

Jail Diversion Coordinator

Date

Judge/Master Commissioner Signature

Date