

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

STATE OF IOWA,)

Plaintiff,)

Case No.: _____

VS.)

MENTAL HEALTH PLEA AGREEMENT

Defendant.)

1. The Defendant enters a plea of guilty to the offense(s) of

2. The range of sentences possible under this plea in accordance with the above statutes consists of:

3. The following charges are dismissed in consideration of this plea:

4. A sentencing date will be set by the Court, pending the Defendant's enrollment and completion of Mental Health Court. By this agreement, the Defendant agrees to enroll and complete Mental Health Court as specified further herein.

Defendant agrees that should he/she fail to complete Mental Health Court, he/she may be sentenced immediately by the Mental Health Court Judge on the charges

pled to herein. The conditions of the Mental Health Court will have the following marked special conditions:

Check if Applicable

- _____ (A) The Defendant agrees to enter into the Fourth Judicial District Mental Health Court for a period of (12) months or (24) months and successfully complete the Program. This time period may be extended or lessened by the Mental Health Court Judge.
- _____ (B) Report to the Probation Officer in charge of Mental Health Court at once.
- _____ (C) Pay the sum of **\$300** to the Fourth Judicial District, Department of Correctional Services (**as a supervision fee**).
- _____ (D) Undergo a mental health evaluation by the therapist and successfully comply with and complete all recommendations of Court for treatment. If other evaluations are needed for eligibility or for a treatment plan, the defendant will cooperate with those evaluations and also comply with any treatment that is recommended. Undergo substance abuse/addiction evaluation and successfully complete all treatment as determined necessary
- _____ (E) Enroll in GED/Vo-Tech Program/college and successfully complete the same as determined appropriate. Maintain steady employment during participation in the Mental Health Court Program.
- _____ (F) Make restitution to the victim according to a schedule to be worked out by the Probation Officer and approved by the Court
- _____ (G) Remain drug and alcohol free; stay out of bars and away from illicit drugs and substance abusers/users.
- _____ (H) Take prescription medication **ONLY** with the permission of the Treatment Provider, and provide all prescriptions to the therapist and case manager.

5. The Defendant agrees to all Mental Health Court rules and regulations and promises to abide by and obey the orders of the Mental Health Court Judge, and understands that multiple positive drug tests, which indicate the presence of a uniform controlled dangerous substance under Iowa law, or the attempt to falsify a drug test may result in expulsion from the program and the imposition of sentence.

6. The Defendant understands that the application and admission process may require him/her to waive due process rights which he/she may have under the Constitution of the United States and the Constitution of the State of Iowa involved in the administration of Mental Health Court, and in particular the imposition of sanctions by the Mental Health Court Judge, including, but not limited to, the waiver of the ninety (90) day and one (1) year speedy trial requirements by Iowa Rules of Court. These rights will be explained by his/her counsel when a waiver is required.
7. The Defendant agrees to all sanctions imposed by the Mental Health Court Judge, including jail service, community service, frequent court visits and appearances, increased drug testing, AA and NA meetings, individual and group counseling sessions, and any conditions of probation which, in the judgment of the Court, are necessary or beneficial to the Defendant.
8. The Defendant agrees to attend and report to Mental Health Court, his/her Probation Officer and the Treatment Provider as ordered by the Mental Health Court Judge.
9. The Defendant specifically agrees to pay whatever amount his/her Probation Officer/Case Manager recommends and the Mental Health Court approves, to help defray the costs of his/her treatment and participation in the Mental Health Court Program. This is based on both the defendant's ability to pay as well as cooperation in any application process which allows access to benefits or payment for providers.
10. The Defendant expressly waives his/her right to recuse the Mental Health Court Judge, should he/she fail to complete the program, be revoked and sentenced in accordance with this plea agreement.
11. The Defendant understands and expressly waives his/her right to contest his/her extradition under the laws of the State of Iowa, federal law, or any State where he/she may be found should he/she leave the State of Iowa and become subject to extradition back to the State of Iowa.
12. The Defendant and his or her counsel assert that they have disclosed all criminal history and pending charges, whether in the Fourth Judicial District, or elsewhere

as indicated below:

- 13. The Defendant understands the nature of this plea agreement and the full effect of the agreement, and specifically declares that this agreement contains all of the conditions and agreements of the Defendant, the Court and the State of Iowa.
- 14. The Defendant understands, waives and gives up the following constitutional rights and enters a plea herein:
 - (a) The right to plead not guilty.
 - (b) The right to trial by a jury or a judge.
 - (c) The right to be represented or helped by counsel (a lawyer) of his/her choice, or if he/she cannot afford counsel, his/her right to be represented by court-appointed free counsel.
 - (d) The right to compel or make witnesses come to trial to testify in his/her behalf.
 - (e) The right to cross examine witnesses that testify against him/her.
 - (f) The right to be present when witnesses testify against him/her.
 - (g) The right to remain silent and not testify.
 - (h) The right to appeal all matters relating to the trial and sentencing, including the issue of guilt or innocence.
 - (i) The right to motion in arrest of judgment.
- 15. The Defendant acknowledges and states that the above-listed rights have been carefully explained to him/her by the Judge in Court, and by his/her attorney, and that he/she fully understands what he/she is doing by pleading guilty to this offense(s). The Defendant further acknowledges that he/she has read the above rights and fully understands his/her above-listed rights and wishes to waive all of them.

16. The Defendant understands the elements of the crime he/she is charged with and entering a plea to, and the maximum and minimum periods of incarceration and fines, as well as any mandatory minimums that apply, with regard to the charges as are indicated on page one (1) of this agreement.
17. The Defendant has reviewed the facts of this case with his/her attorney, and agrees that there are sufficient facts available to the State to justify the plea of guilty that he/she enters to the charges. The Defendant has further reviewed the Trial Information filed by the State in this case, and the Defendant acknowledges and stipulates that if called to testify, these witnesses would testify in accordance with the minutes of testimony, and there is a factual basis for the charge(s).
18. The Defendant expressly declares he/she has not had any drug, alcohol, or medication of any kind in the past twenty-four (24) hours except: _____

And will be asked to assert during the plea proceedings that he/she has not ingested anything that will impair his/her ability to understand the proceedings.

19. The Defendant declares that he/she has entered into this plea agreement freely and voluntarily of his own accord, and with the full understanding of all matters set forth in the information and in this plea agreement.
20. The Defendant declares that he/she is able to read and that he/she has read and understands everything in this plea agreement; or that he/she cannot read, but everything in this plea agreement has been read to him/her; that he/she understands all of it, and that he/she is satisfied with the advice and services given by his/her attorney, and that no one, including his/her attorney, has compelled or induced him/her to enter this plea by any force, duress, threats or pressure. This plea is being entered into freely and voluntarily by the Defendant.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE PLEA AGREEMENT, AND AGREE TO ALL THE TERMS AND CONDITIONS SET OUT HEREIN.

Defendant

Date

Attorney for the Defendant

Date

County Attorney or his/her Assistant

Date

Judge of the Fourth Judicial District-MHC

Date

CERTIFICATE OF DEFENDANT'S ATTORNEY

I, Defendant's counsel of record, certify that: I have discussed this case with the Defendant, including the nature of the charges, essential elements of each, the evidence against him/her of which I am aware, the possible defenses he/she has, the maximum penalty for the charges and the facts as set forth in the State's information or on the record. I believe he/she fully understands this plea agreement, the consequences of entering it, and that the Defendant does so of his/her own free will. In my opinion, the Defendant is mentally competent.

Attorney for Defendant

Phone #

Date

CLIENT CONTRACT
MENTAL HEALTH COURT TREATMENT PROGRAM

I HAVE CHOSEN TO PARTICIPATE IN THIS PROGRAM. TO ASSURE MY FULL PARTICIPATION IN THIS DRUG AND ALCOHOL FREE PROGRAM, I AGREE TO THE FOLLOWING REGULATIONS:

1. I understand that I must attend all scheduled sessions and appointments made by the staff. If it is necessary to miss any sessions, I will notify the clinic and bring documentation, typed on their letterhead, from my employer or doctor for verification. If I fail to call and bring verification to my next scheduled session, it will be considered an unexcused absence. Each absence, whether excused or not, will be included in the status report sent to the Judge.
2. I understand that I may be required to submit to breath tests to verify I am alcohol free. If I am found to be drinking at any time during treatment, I agree to follow through with referral to detox, inpatient or any recommendation by the treatment staff. If sent to detox or inpatient, I agree to return to the clinic immediately upon release from such facility to check in with staff to reassess my level of participation in the program.
3. I understand that I will be required to submit to supervised random urine screens. If I fail to produce a urine specimen, or if it is not of sufficient quantity, it will be considered a stall on my part and it will be treated as if it was positive for drugs/alcohol. If I am found to be using at any time during treatment, I agree to follow through with referral to detox, inpatient or any recommendation by the treatment staff. If sent to detox or inpatient, I agree to return to the clinic to check in with staff to reassess my level of participation in the program. **TAMPERING WITH A SAMPLE CAN RESULT IN SANCTIONS INCLUDING TERMINATION FROM THE PROGRAM.**
4. I understand I am responsible for informing and providing documentation of all prescription medications I am taking. I am also responsible for notifying staff if there are any changes to the prescriptions. I agree to take medications only as prescribed to me.
5. I understand that I am required to participate in all scheduled sessions. Failure to participate will be noted by my counselor, who will include this in the status report to the Judge.
6. I understand that while I am waiting for admission into an appropriate residence or living arrangement, I may be incarcerated and if not I will continue to maintain scheduled appointments.
- 7.. I understand I am to cooperate with the treatment staff in formulating my treatment plan. I agree to sign the consent forms for the release of information in order to help the staff communicate with individuals or agencies that can assist me in my recovery.

- 8.. I understand that sanctions may be imposed by the Judge for my failure to comply with the Mental Health Court Program. I understand that my failure to comply with the program can result in additional conditions and requirements which will be made part of my treatment plan. I agree to comply with the additional requirements in order to continue in the program.
- 9.. I understand that if I am found to be under the influence of drugs or alcohol when I arrive for a treatment session, I will not be allowed to stay and participate. I agree to surrender my keys to the staff for my safety, as well as others. I will call someone who is not under the influence to drive me home.
10. I understand that if I insist on driving, the staff will be obligated to notify the Sheriff's Department of an impaired driver on the road and a description of the vehicle will be given.
- 11.. I understand that if I test positive for drugs or alcohol, the Court has the option to have me immediately be taken into custody until a decision is made as to my future part in the Mental Health Court Program.

I HAVE READ AND UNDERSTAND THE CONTRACT. I AGREE TO FOLLOW THESE REGULATIONS.

Client: _____ Date: _____

Staff: _____ Date: _____

Staff: _____ Date: _____