



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO**  
**ORDER OF FELONY MENTAL HEALTH DIVERSION**  
**Section 1001.36 of the Penal Code**

<b>Defendant's Name</b>		<b>XRef Number</b>	<b>Docket Number(s)</b>	
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Primary Phone</b>	<b>Alternate Phone</b>	<b>Home Court Dept.</b>	<b>Next Court Date</b>	

A complaint having been filed in this court, charging the above-named defendant with a violation(s) contained within Section 1001.36 of the Penal Code (Mental Health Diversion), and the Court having conducted a hearing, and the defendant having waived the right to a speedy trial, and the defendant having consented to further proceedings under Chapter 2.5 of the Penal Code:

IT IS HEREBY ORDERED that said defendant be diverted from further proceedings on the charge(s) now filed in this court for the period specified by the Court, not to exceed two years; and during this time shall comply with the following conditions:

1. Obey all Laws.
  2. Successfully comply with and complete the treatment plan, and all conditions deemed appropriate by the treatment provider(s), including taking prescribed medication as directed by a medical professional.
  3. Attend all court hearings as ordered by the Court.
  4. Do not contact by any means directly or indirectly:  
 \_\_\_\_\_, Docket \_\_\_\_\_  
 \_\_\_\_\_, Docket \_\_\_\_\_  
 \_\_\_\_\_, Docket \_\_\_\_\_
  5. Stay at least 100 yards away from:  
 Address: \_\_\_\_\_, Docket: \_\_\_\_\_  
 Address: \_\_\_\_\_, Docket: \_\_\_\_\_  
 Address: \_\_\_\_\_, Docket: \_\_\_\_\_
  6. Do not possess or use controlled substances without a prescription.
  7. Do not possess or use alcohol or marijuana.
  8. Attend community self-help groups: \_\_\_\_\_ per week/month.
  9. Do not possess or use any weapons.
  10. Submit your person, property and automobile, and any object under your control, to search and seizure, in or out of your presence, by any law enforcement officer and/or probation officer, at any time of the day or night, with or without your consent, with or without a warrant.
  11. Pay victim restitution in accordance with Section 1001.36(c)(4) of the Penal Code in the amount of:  
 \$ \_\_\_\_\_, to \_\_\_\_\_, Docket \_\_\_\_\_  
 \$ \_\_\_\_\_, to \_\_\_\_\_, Docket \_\_\_\_\_
  12. Additional term(s):  
 \_\_\_\_\_ Participate in substance use treatment as directed.  
 \_\_\_\_\_ Participate in Probation's RDTL (Random Drug/Alcohol Testing Line) at the discretion of the Court.  
 \_\_\_\_\_ Participate in drug/alcohol testing as requested by your provider or as directed by the Court.  
 \_\_\_\_\_ Participate in Millennium testing as requested by your provider or as directed by the Court.  
 \_\_\_\_\_ Do not spend any nights away from your residence without the Court's approval.  
 \_\_\_\_\_ Abide by the curfew at your residence.  
 \_\_\_\_\_ Do not relocate to another County without the Court's approval.
- #13- 16 to be determined by granting Judge**
13. Comply with Track A Supervision.
  14. Participate in the *SCIP* gun safety program (Byrne State Crisis Intervention Program). *If ordered, condition 15 must also be selected.*
  15. In addition to any existing prohibitions, and in accordance with Section 8103 of the Welfare and Institutions Code, do not own or possess any firearm, firearm parts, ammunition, magazines, or body armor until completing Mental Health Diversion.  
 \_\_\_X\_\_\_ Relinquish all firearms, firearm parts, ammunition, magazines, and body armor to a local law enforcement agency or a consenting third party (designee). The designee must surrender the items to local law enforcement, sell them to a licensed dealer, or transfer them to a firearms dealer for storage.

**Must select one below:**

\_\_\_\_ Must complete the DOJ Firearms Packet (PC 29810) and submit Prohibited Persons Relinquishment Form at next Court date (non SCIP)

\_\_\_\_ Must complete MHD Firearms Packet (CR-810) and submit Prohibited Persons Relinquishment Form to Probation (SCIP) to PROB-MHD-SCIP@saccounty.gov

Must select one below:

Comply with the above two conditions within:

\_\_\_\_ **48 hours** of this order (out-of-custody defendants).

\_\_\_\_ **14 days** of this order (in-custody defendants).

16. **Other term(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Deputy Clerk**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Judge of the Superior Court**

**DEFENDANT'S CONSENT:**

The above conditions have been explained to me, and I understand them. I agree to comply with all conditions and the attached treatment plan. I acknowledge receiving a copy of the order on this date.

I understand that it is my responsibility to ensure the provider submits written progress reports to the court prior to each appearance. I further understand that the court may order my appearance for any reason.

I understand that if I fail to appear for any court date and remain in warrant status for more than 60 days, I may be deleted from Mental Health Diversion. I further understand that if I fail to comply with the above conditions and treatment plan, I may be deleted from Mental Health Diversion. Prosecution may resume, but any records relating to a mental disorder that were generated as a result of my participation in Mental Health Diversion may not be used in any other proceeding without my consent, unless the information is admissible pursuant to California Constitution, Article 1, Section 28(f)(2). However, when determining whether to grant Mental Health Diversion, a court may consider records of previous participation.

I understand that patient records are protected by Title 42 of the Code of Federal Regulations, Part 2, and release requires my written consent. I consent and will execute all necessary Releases of Information necessary to track my progress in Mental Health Diversion. I understand I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it. I understand my consent expires automatically upon the court's ruling that I have been deleted from Mental Health Diversion, or that I have successfully completed Mental Health Diversion and the criminal case has been dismissed. If I revoke consent, I understand that I must appear at the next scheduled court date, I may be deleted from Mental Health Diversion, and the criminal case may be reinstated.

I understand that upon successful completion of Mental Health Diversion, the court will dismiss the pending charges in this case pursuant to Section 1001.36 of the Penal Code.

\_\_\_\_\_  
**Defendant's Signature**

\_\_\_\_\_  
**Date**