

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA</b>	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA  v.  DEFENDANT:	
<b>PRE-PLEA MENTAL HEALTH DIVERSION ADVISEMENT (PC § 1001.36)</b>	CASE NUMBER:

**INSTRUCTIONS:** Read, date, and sign this form if you wish to participate in the Pre-Plea Misdemeanor Diversion Program (the "Diversion Program"). The Court may grant pretrial diversion with respect to any offense permitted by Penal Code section 1001.36. If you successfully complete the Diversion Program, your case will be dismissed. If you do not successfully complete the Diversion Program, the Court will reinstate criminal proceedings. If you have any questions about your case, the possible sentence, or the information on this form, ask your attorney or the judge.

**PRE-PLEA MENTAL HEALTH DIVERSION PROGRAM RULES AND CONSEQUENCES**

- I understand that, as part of the Diversion Program, I will be required to successfully complete the terms, conditions, and programs specified by the Court, as set forth on the Order for Court Pre-Plea Mental Health Diversion. The Diversion Program will last no longer than one (1) year for misdemeanors and two (2) years for felonies, from the date of my referral to the program. Unless found financially unable to do so, I will be responsible for paying any applicable fees for programs, and services required by the court.
- I understand that I am responsible for making full restitution to any victim(s) in this matter, as ordered by the Court. My financial inability to pay restitution will not bar me from participating in the Diversion Program, nor will it prevent me from successfully completing the Diversion Program.
- I understand that I must comply with any court-ordered protective order, stay-away order, or order prohibiting firearm, body armor or controlled substance possession, if applicable, during the term of the Diversion Program.
- I understand that if I have substantially complied with the requirements of diversion, have avoided significant new violations of law unrelated to my mental health condition, and have a plan in place for long-term mental health care, my case will be dismissed and the arrest will be deemed never to have occurred, except that a criminal justice agency may still access and use those sealed records and information.
- I understand that the arrest and diversion cannot be used in any way to deny me employment, benefit, license, or certificate, and that I may indicate in response to any question concerning my arrest record that this arrest never occurred. However, I must still disclose my arrest upon request if I apply for a position as a peace officer.
- I understand that the Court may, after notice to me, schedule a hearing to determine whether to reinstate criminal proceedings if I am 1) charged with an additional misdemeanor committed during diversion and that reflects a propensity for violence; 2) charged with an additional felony committed during diversion; 3) engaged in criminal conduct rendering me unsuitable for diversion; 4) performing unsatisfactorily in the assigned program; or, 5) gravely disabled within the meaning of Welfare and Institutions Code § 5008(h), in which case the Court may end my participation in the Diversion Program and reinstate criminal proceedings.
- I understand that I must grant access to my medical and psychological records during my time on diversion to any county agency administering the diversion program, mental health treatment providers, the public guardian or conservator, and the Court, as needed, for the purpose of providing care and treatment and monitoring treatment for diversion.
- I understand that I am pleading not guilty to the charges against me.
- I understand that I have the right to a speedy trial, I give up this right to participate in the Diversion Program.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DEFENDANT'S ADDRESS

\_\_\_\_\_  
DEFENDANT'S TELEPHONE

\_\_\_\_\_  
DEFENDANT'S DRIVER'S LICENSE NO.

\_\_\_\_\_  
DEFENDANT'S DATE OF BIRTH

**INTERPRETER'S STATEMENT**

I, having been duly sworn or having a written oath on file, certify that I truly translated this form to the defendant in the following language:  Spanish   
Other (specify) \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERPRETER'S NAME

\_\_\_\_\_  
INTERPRETER'S SIGNATURE