

SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA	FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA <p style="text-align: center;">v.</p> DEFENDANT:	
CASE NUMBER: _____	PID & EVENT NUMBER: _____
<b>PRE-PLEA MENTAL HEALTH DIVERSION ORDER (Penal Code § 1001.36)</b>	CHARGE(S): _____

**PRE-PLEA MENTAL HEALTH DIVERSION IS GRANTED UNDER THE FOLLOWING CONDITIONS:**

1. Obey all laws.
2. Immediately report to Post Court Services. Immediately notify the Court, in writing, of any change of address or telephone number.
3. Maintain contact with a Mental Health Agency and obey all reasonable directives of the Mental Health Agency. Sign medical release forms as requested by the Mental Health Agency and/or the Probation Department. Comply with your Mental Health Service Plan.
4. Appear for Mental Health Diversion Review:
  - \_\_\_\_\_ at 11:00am in Department 1 (Felony)
  - \_\_\_\_\_ at 11:00am in Department 3 (Misdemeanor)
5.  Pay restitution to the victim(s) and/or the California Victim Compensation Board (CalVCB) in the sum listed below, plus interest at 10% per year from this date, in a manner to be determined by the Court and Linebarger. Go to the Napa County Probation Department at 1125 Third Street to complete the Statement of Assets form CR-115.  
 Victim: \_\_\_\_\_ Sum: \_\_\_\_\_ Victim: \_\_\_\_\_ Sum: \_\_\_\_\_
  - Pay restitution to the victim(s) and/or the California Victim Compensation Board (CalVCB) in an amount to be determined by Probation and the Court, plus interest at 10% per year from this date, in a manner to be determined by the Court and Linebarger. Go to the Napa County Probation Department at 1125 Third Street to complete the Statement of Assets form CR-115.  
 Victim: \_\_\_\_\_ Victim: \_\_\_\_\_

I have read this diversion order and I understand everything on it. I agree to accept all the conditions.

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

**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

\_\_\_\_\_ DATE \_\_\_\_\_ JUDGE