

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

People of the State of Illinois

v.

Case No. _____

Defendant

CONSENT TO PARTICIPATE MENTAL HEALTH COURT PROGRAM

1. I understand that I have no legal right to participate in the Mental Health Court Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Mental Health Court Program.
2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Mental Health Court Team, which consists of the Judge, Local PSC Coordinator, Prosecutor(s), Public Defender or Defense Counsel, Probation, Treatment Provider(s), Case Manager(s) and any other personnel designated by the Mental Health Court Team.
3. I understand that it is essential that all members of the Mental Health Court Team, including the Judge, communicate as a team and share information regarding my participation in the Mental Health Court, including compliance with treatment, and I agree to them doing so. Upon entry into the Mental Health Court, I consent to the Mental Health Court public defender representing me at Mental Health Court staffings and at Mental Health Court status review hearings unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and Mental Health Court status review hearings. In the event that my privately retained counsel is unable to attend staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.
4. I agree to adhere to all components of my treatment, including attending all counseling sessions, treatment programs, taking my medication as prescribed, engaging in structured daily activities as recommended by the Mental Health Court Team, and cooperation with home visits by Mental Health Court Team members.
5. I agree to remain drug and alcohol free (except for approved prescribed medications) and to submit to random drug testing at the discretion of the Mental Health Court Team or any treatment provider and agree to the disclosure of the results to the Mental Health Court Team. I understand that I may be sanctioned for providing diluted, adulterated or substituted test specimens.
6. I agree to appear in court as required. I understand that my court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment and I consent to this type of disclosure to a third person.

Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois
cookcountyclerkofcourt.org

Consent to Participate Mental Health Court Program

(08/05/25) CCCR 0106 C

I have reviewed this consent with the Defendant. The Defendant understands it and voluntarily agrees to participate. I further understand that the Mental Health Court Team will be discussing the Defendant’s compliance and cooperation with his/her treatment plan and terms of supervision at Mental Health Court staffings and at Mental Health Court status review hearings. I acknowledge that if I remain Counsel of Record for the Defendant, I will appear or arrange for other counsel to appear at Mental Health Court team staffings when the Defendant is scheduled to be staffed by the Mental Health Court Team and also appear at or arrange for other counsel to appear with the Defendant at all Mental Health Court hearings.

Date: _____ /s/ _____
Signature of Defense Counsel/Public Defender

Date: _____ This Consent to Participate is accepted by:/s/ _____
Judge