



McLennan County Mental Health Court Participant Application Form

Return completed application via email to:

McLennan County Mental Health Court
Attn: Amy Lowrey, Specialty Court Coordinator
Mental.Health@co.mclennan.tx.us

Please complete the following information to the best of your ability:

Defendant's Full Legal Name: _____

Aliases/Other Previous Names Used (if any): _____

Date of Birth: _____

Address: _____ Phone #: _____

Email: _____ D.L. #: _____

SSN: _____

Employer: _____ How long: _____

Do you work: **full time** or **part time** or **temporary**

Job title: _____

Phone: (_____) _____ ok to contact you at work? _____

Monthly Income? _____

Do you receive any other income? _____ Describe (type, amount, frequency) _____

Do you have Health Insurance? _____ If yes, what health insurance do you have? (Medicare,
Medicaid, etc.) _____ If you receive SSI/SSDI are you the payee? _____

Did you graduate high school/GED? _____ Highest grade completed: _____

Were you enrolled in any special education classes? _____

College / university: _____

City: _____ State: _____

Are you currently in school? _____ Hours: _____ - _____

Marital status: **single** or **married** or **divorced** or **separated** or **widowed**

How long: _____ Spouse's name: _____

Number of children: _____ Do your children live with you? _____

If not, with whom?

Address:

Phone: (_____) _____ - _____

Do you provide financial support for your children? _____

How much do you provide? _____ How often? _____

1. What is the defendant's county of residence? _____
2. Do you own or drive or have access to a vehicle? _____ If you don't have access to a vehicle, how do you plan to report and make appointments? _____
3. What is the defendant's current living arrangement (independent, friends/family, homeless, jail, other)?

4. Does the defendant have any other pending cases or charges? Yes _____ No _____
If yes, charges and jurisdictions: _____
5. Does the defendant have any outstanding holds or warrants from any other jurisdiction (including immigration matters)? Yes _____ No _____ Unknown _____
If yes, charges and jurisdictions: _____
6. Is the defendant currently on Community Supervision/Probation/Parole in any other jurisdiction?
Yes _____ No _____ If yes, name jurisdiction and offense: _____
Does the defendant have a history of probation violation? _____ Yes _____ No
7. Has the defendant been diagnosed for/treated with a mental condition?
Yes _____ No _____ Unknown _____
If yes, please describe any diagnosis and/or treatments and attach documentation of a mental health diagnosis within the past 12 month period by a licensed clinician.

8. Are you an active client of the Heart of Texas Region MHMR and have been seen within the past 90 days by a caseworker? Yes _____ No _____
9. Are you involved in any pending civil litigation as a party, such as a divorce or custody case?
Yes _____ No _____
If yes, please describe when this happened and what was the outcome

10. Are you now or have you ever been the subject of a protective order, etc. Yes _____ No _____
If yes, please describe when this happened and what was the outcome.

11. Does the attorney grant consent for the McLennan County Mental Health Court Coordinator to meet with the applicant for assessment, referral(s) and explanation of program prior to being accepted into the McLennan County Mental Health Court? Yes _____ No _____

12. (To be completed by Defendant) Please explain in your own words how you believe your experiences dealing with your mental health issues contributed to the behavior resulting in your arrest. Also, please indicate what you hope to gain from the program and what the Court can expect of you:

Case Number(s)/ Dates of arrest/ Charge(s)

_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

Arrests in lifetime _____ misdemeanors _____ felonies

convictions in lifetime _____ misdemeanors _____ felonies

Current Attorney Name: _____ Phone #: _____

Current Attorney Email: _____ Fax #: _____

The following is required regarding behavioral health terms and conditions:

Client will participate in individual therapy with a licensed mental health professional (LPC, LPC-Intern, LCSW) Adult Counseling Services with Heart of Texas Region MHMR or Counselor of his/her choice.

- Heart of Texas Adult Counseling Center
110 12th St.
Waco, TX 76701
(254) 752-3451

Client will participate in substance abuse treatment with a licensed chemical dependency counselor Heart of Texas Substance Abuse Services or counselor of his/her choice:

- Heart of Texas Substance Abuse Services
2220 Austin Ave.
Waco, TX 76701
(254) 297-8999

If not currently participating in services client must schedule appointment within 14 days.

I am capable of understanding the requirements for the McLennan County Mental Health Court and the requirements have been fully explained to me by my attorney.

Defendant's signature Date Attorney's Signature Date

For District Attorney/MHC Use Only

Received by: _____ Date _____ SID#: _____

Referral _____ Denied _____ Reason: _____

_____ Track 1 (Pre-Trial)

_____ Track 2 (Probation)