Penal Code 1001.36 Mental Health Diversion Treatment Plan

Participant's Name: ______________________

Next Court Date: ______________________   ______________ *Date*

Treatment Provider: The above-named person is applying for Solano Superior Court's Mental Health Diversion. The Mental Health Diversion court requires that a person provides a mental health diversion treatment plan. Please complete the below information and either provide this form back to the participant or you may provide it directly to the participant's attorney of record indicated below, by fax or electronic mail. Please submit before the next court date noted above.

Attorney of Record: ______________________ **Telephone No.:** ______________

Email Address: ______________________ **Fax No.:** ______________

Provider's Name: ______________________ **Provider's Agency:** ______________

Provider's Contact Information (phone, email): ______________________

Patient is suffering from a mental disordered diagnosed as: ______________________

Symptoms include: ______________________

Based on the above diagnosis, patient's symptoms would respond to the following mental health treatment plan:

- ☐ Attend psychiatric appointments   Next appointment: ______________________
- ☐ Take medication
- ☐ Keep in touch with provider   How often client to be seen: ______________________
- ☐ Attend groups
- ☐ Other *(explain below).*

Please list any other recommendations below:

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I believe patient can be treated in the community if patient agrees to comply with this plan. I have reviewed this plan with patient and patient agrees to comply with the plan.

Signature of Agency Representative	Print Name	Date
Signature of Patient	Print Name	Date