

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT OF THE
STATE OF FLORIDA, IN AND FOR HILLSBOROUGH COUNTY
CRIMINAL JUSTICE DIVISION**

STATE OF FLORIDA

CASE NUMBER:

VS.

DIVISION:

**MENTAL HEALTH
PRE-TRIAL INTERVENTION AGREEMENT**

This Agreement, entered into this day, by and between the Defendant, _____, Defendant's attorney, _____, and Andrew H. Warren, State Attorney, in and for the Thirteenth Judicial Circuit of Florida, by and through his undersigned Assistant State Attorney, WITNESSETH:

1. The Defendant has been charged with _____, in violation of _____ and it is agreed that the Defendant meets the criteria and qualifications for admission into the Pre-Trial Intervention Program (PTI), and that it is in the Defendant's best interest to enter into this Agreement and participate in the Program for a period of eighteen (18) months.

2. The Defendant stipulates and agrees that in consideration for acceptance into this Program, he/she waives the right to a speedy trial as provided by law and, further, that the Defendant's right to a speedy trial shall re-vest only upon resumption of prosecution on this pending charge pursuant to F.S. 948.08.

3. The Defendant agrees to be completely law abiding during the term of this Agreement and to notify his/her supervising officer of any new arrest or contact with law enforcement authorities or any mental health evaluation or hospitalization under the Baker Act.

4. The Defendant stipulates and agrees that this Agreement shall in no way operate as a contract for immunity from prosecution for the charge(s) pending in this case and, further that should Defendant fail to comply with the terms and conditions of this Agreement, the Agreement may be deemed void at the discretion of the State Attorney, and prosecution may then be reinstated.

5. Each month the Defendant will make a full and truthful report to the supervising officer on the form provided for that purpose as instructed by the officer.

6. The Defendant will not associate with persons engaged in criminal activity.

7. The Defendant and Defendant's attorney warrant that the Defendant has no prior criminal record, other than as stated on the attached statement of prior arrest record, and is not on

probation for a prior crime, charge, or conviction. Defendant affirms he/she has never been on felony probation.

Defendant

Date

Attorney for Defendant

Date

8. The Defendant agrees to inform his/her supervising officer immediately of any change relating to residence.

9. The Defendant agrees to report to the Pre-Trial Intervention Office (813) 975-6524 at 1313 N. Tampa St, Tampa, Florida 33614, within 24 hours of the execution of this contract.

10. The Defendant will promptly and truthfully answer all inquiries directed to the Defendant by the court or the supervising officer, and allow the officer to visit in Defendant's home, or elsewhere and the Defendant will comply with all instructions the supervising officer may give.

11. The Defendant will not consume alcohol, non-prescribed medications or illicit substances as set forth in special conditions below, and shall not visit places where any of the aforementioned are unlawfully sold, dispensed or used.

12. The Defendant agrees to testify against any person(s), presently charged or not, who has/have participated in the criminal offense which is the basis of this Agreement.

13. The Defendant agrees not to own, possess or attempt to purchase a firearm or weapon while participating in this Program and further agrees to forfeit any firearm involved in this offense to law enforcement authorities and not seek its return.

14. The Defendant agrees to pay \$40 per month toward the cost of supervision in accordance with F.S. 948.09.

15. The Defendant agrees to pay \$100 to the Clerk of Court for the Victim Assistance Project.

16. The Defendant agrees to pay \$12 to the Clerk of Court for processing fee.

17. The Defendant agrees to pay \$130 to the Clerk of Court for investigative costs in accordance with F.S. 938.27.

18. The Defendant agrees to pay \$100 to the Clerk of Court for the State Attorney's cost of prosecution.

19. The Defendant agrees to pay First Step of Hillsborough County, Inc. the amount of one dollar (\$1.00) for each month of supervision ordered.

20. The Defendant agrees to pay a 4% surcharge on all monetary conditions and to pay all said conditions by guaranteed form of payment to the Department of Corrections.

21. The Defendant agrees to the completion of all monetary and treatment conditions thirty (30) days prior to the termination of this Agreement.

22. The Defendant may automatically early terminate after nine months if all conditions are met and no violations have occurred during supervision.

SPECIAL CONDITIONS:

It is the intent of the parties that the defendant actively participate in mental health treatment during the term of this agreement. The defendant will work with a _____ . The _____ will monitor the Defendant's compliance with all special conditions of this order and make monthly written reports to the supervising officer as to Defendant's compliance. Copies of these reports are to be provided to the parties listed below. The exchange of information is only limited to compliance with these conditions and not to any other confidential information.

If at any time the _____ is of the opinion that the Defendant is not in compliance with the conditions of this agreement, the _____ will prepare an interim statement that the Defendant has failed to be compliant with the conditions of the Pre-trial Intervention Agreement, that the Defendant's condition has deteriorated to the point that an evaluation for possible in-patient care is required, or that the Defendant's Pre-trial Intervention Agreement should be modified.

Failure of the _____ to act in accordance with these conditions will not serve as a violation of this agreement, but the matter shall be referred back to the SAO for possible discharge or other disposition.

Upon assessment by C. Voni Hart, Mental Health Court Program Specialist and _____, the Defendant agrees to fulfill the following special conditions:

1. The Defendant will receive outpatient treatment for a mental illness during the pre-trial intervention period. All aspects of treatment will be coordinated by the _____. _____ shall monitor the defendant no less than one time every 30 days through home visits or other face to face contact. The Defendant shall provide the name of the _____ to the supervising officer.

2. The Defendant shall receive treatment and counseling as recommended by the attending physician and shall take medication as prescribed. The Defendant shall, to the extent possible, participate in programs coordinated by authorized treatment personnel to maintain and improve defendant's mental health.

3. The Defendant will not consume alcohol, non-prescribed medications, or illicit substances, and may be required to undergo periodic blood or urinalysis

4. The Defendant shall be allowed to reside at _____. Residence at this address is contingent on this environment supporting successful completion of PTI. Any change in address must be approved by the _____ and the supervising officer, and the Court shall be immediately notified.

Andrew H. Warren, State Attorney, Thirteenth Judicial Circuit, by and through his undersigned Assistant, hereby warrants and agrees that, should the Defendant fully meet the terms and conditions of this Agreement as determined by the State Attorney, the charges referred to herein shall be dismissed upon completion of the Program. It is stipulated and agreed that the State Attorney's decision regarding full compliance in this regard shall be final and shall not be subject to review by any court.

Mental Health Specialist

Date

Attorney for Defendant

Date

Assistant State Attorney

Date

Bureau/Division Chief

Date

I understand the conditions of my deferred prosecution and agree that I will comply with them. They have been read and explained to me, and I fully understand the charges against me. I have received a copy of this Agreement.

Defendant

Date

CPO

Date

Treatment Provider

Date

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STATE'S NOTICE TO CLOSE FILE

THE STATE OF FLORIDA, by and through its undersigned Assistant State Attorney, hereby requests the Clerk to close the file of the above-styled cause, and as grounds therefore would state as follows:

The Defendant has been accepted in the Pre-Trial Intervention Program and waived his/her right to a speedy trial, and the State Attorney has agreed to defer prosecution in this matter pending the successful completion of such program by the Defendant. A copy of the Agreement between the State Attorney and the Defendant is attached hereto.

I HEREBY CERTIFY that a copy of the foregoing STATE'S NOTICE TO CLOSE FILE has been furnished by hand/mail delivery to _____, Defendant/Attorney for the Defendant, this _____ day of _____, 20 _____.

Respectfully submitted,

Andrew H. Warren
STATE ATTORNEY

ASSISTANT STATE ATTORNEY
HILLSBOROUGH COUNTY, FL