

DAVIDSON COUNTY MENTAL HEALTH COURT ATTORNEY CHECKLIST

\bigcirc	Attorney and client consult on suitability to pursue admission to DCMHC.
\bigcirc	Client reviews DCMHC Participant Handbook and indicates understanding of the program.
\bigcirc	Client informs attorney of wish to apply for consideration to enter DCMHC program.
\bigcirc	Attorney completes application.
0	District Attorney reviews application and agrees/does not agree to DCMHC consideration. If District Attorney does not agree, attorney may request hearing before originating judge.
\bigcirc	If District Attorney agrees, attorney obtains D.A. signature on DCMHC application.
0	Attorney assembles necessary documentation listed on DCMHC application and submits application packet to DCMHC Coordinator as quickly as possible.
0	Once application packet has been submitted, DCMHC Coordinator considers application for participation in treatment program.
0	Attorney discusses treatment program and DCMHC Contract with client and confirms client intent to participate in program.
0	Client informs DCMHC of their wish to enter into the treatment program. Client signs contract and referring attorney is relived pending graduation or removal from DCMHC program.
\bigcirc	Questions and applicant submissions should be directed to 615.862.8320