

LENEXA MUNICIPAL COURT MENTAL HEALTH DIVERSION APPLICATION

Lenexa Municipal Court has partnered with Johnson County Mental Health (JCMH) to create a diversion program for defendants suffering from symptoms of a Serious Mental Illness. The objective of the Mental Health Diversion is to direct the defendant into treatment with JCMH and reduce recidivism.

Eligibility Requirements:

- Suffer from symptoms of a Serious Mental Illness
- Meet JCMH's criteria for functional level of care
- Meet JCMH residency requirements
- Be willing to participate in all services as directed by JCMH
- Maintain a Release of Information (ROI) between JCMH and Lenexa Municipal Court throughout the duration of diversion
- Note: individuals charged with DUI are not eligible for mental health diversion.

How to Apply:

Application Packets are available from the Lenexa Prosecutor as well as Municipal Court Judges. Please return completed packets to the court clerks for filing.

**All questions should be directed to the Lenexa Prosecutor's Office.
Final determination of eligibility will be at the Prosecutor's discretion.**

FOR OFFICE USE ONLY

Case number: _____

Charge (s): _____

Application date: _____

**LENEXA MUNICIPAL COURT
MENTAL HEALTH DIVERSION APPLICATION****PERSONAL INFORMATION**

FULL LEGAL NAME: _____ MAIDEN NAME: _____

PREFERRED TO BE CALLED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

MALE: ____ FEMALE: ____ SINGLE: ____ MARRIED: ____ DIVORCED: ____ WIDOWED: ____

ADDRESS: _____

(Street #, Name, Apt. #)

(City, State, Zip)

(County)

Who do you reside with and what is their relationship to you?

HOME NUMBER: _____ CELL NUMBER: _____ WORK NUMBER: _____

DRIVER'S LICENSE NUMBER and STATE: _____ CDL? _____

EMPLOYMENT/EDUCATION INFORMATION

Please indicate your highest level of education completed: _____

Employer: _____ Address: _____

Job Title: _____ How Long: _____

Salary: _____

Past Employer: _____ Address: _____

Job Title: _____ How Long: _____

Salary: _____ Reason Left: _____

CRIMINAL HISTORY INFORMATION

Please list all prior Juvenile and Adult incidents, arrests, convictions, diversions and/or juvenile adjudications including any offenses expunged, plea bargained or dismissed. ALL CRIMINAL HISTORY MUST BE INCLUDED. Failure to provide accurate criminal history information on this application may result in the denial of your diversion application or the revocation of your diversion.

DATECHARGE(S)LOCATIONOUTCOME/DISPOSITION_____

_____**MEDICAL HISTORY**

Do you currently receive Medicaid/Medicare Disability benefits? YES____ NO____

Have you ever participated in Mental Health Treatment? YES____ NO____

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MENTAL HEALTH DIVERSION APPLICATION**

What is your diagnosis? _____

Are you receiving Mental Health Treatment currently? YES ___ NO ___

When: _____ Where: _____

Have you ever been hospitalized for Mental Illness? YES ___ NO ___

When: _____ Where: _____

Have you ever participated in Substance Abuse Treatment? YES ___ NO ___

When: _____ Where: _____

What substance(s)? _____

What psychiatric medications have you ever been prescribed?

What psychiatric medications are you currently taking?

At the time of the current charge(s), were you taking any medications? YES ___ NO ___

Please list: _____

STATE IN YOUR OWN WORDS AND IN DETAIL THE FACTS WHICH CAUSED CHARGES TO BE FILED IN THE CURRENT CASE:

The information contained in this application is true and correct. All information related to prior offenses whether convicted, diverted, reduced, dismissed or expunged has -been disclosed. I understand that failure to disclose requested information or making false statements shall be grounds for denial of or termination from diversion. I further understand that I must inform the prosecutor if any of the above information changes prior to signing the actual diversion contract.

DEFENDANT'S SIGNATURE

DATE

(YOU MUST ANSWER ALL QUESTIONS, OR YOUR DIVERSION APPLICATION WILL NOT BE ACCEPTED.)