

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,  
LAKE COUNTY, ILLINOIS**

Case No.

**PETITION FOR ADMISSION TO THE  
THERAPEUTIC AND INTENSIVE MONITORING  
MENTAL HEALTH (T.I.M.) COURT PROGRAM**

I am asking the court to be screened for admission to its Mental Health Court Treatment Program and in support state:

1. I am asking that the Mental Health Court Team screen my case and evaluate me for possible admission to the T.I.M. Mental Health Court Program. I understand that my case, my history, and my prior treatment will be discussed by the Mental Health Court Team including the Judge and I am waiving my right to be present during these discussions. I authorize the exchange of information, including all evaluations, test results, and treatment information between the Mental Health Court Team and my prior treatment providers, if any. The information released, however, may not be used by the prosecutor for the filing of further charges against me, nor may any information so released be used against me in the current proceedings.
2. I have discussed my request for admission to the program and the program requirements with my attorney. I understand that my admission into the program is subject to the Court's approval.
3. If accepted I will follow all the terms and conditions of the program and I will sign the required Mental Health Court Program Contract and Waiver.

## VERIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

Date: \_\_\_\_\_

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**Defendant**

Prepared by:

Name: \_\_\_\_\_ Pro Se

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ARDC #:

E-mail address: \_\_\_\_\_