

STATE OF ILLINOIS
CIRCUIT COURT OF THE 18th JUDICIAL CIRCUIT
COUNTY OF DUPAGE

PEOPLE OF THE STATE OF ILLINOIS,

vs.

Case Number: _____

Defendant.

MICAP APPLICATION

Now comes the above captioned Defendant and petitions this Court to file an application to participate in the DuPage County Mental Illness Court Alternative Program (MICAP); by filing this application the Defendant acknowledges and agrees to the following:

1. Defendant must be a resident of DuPage County;
2. Defendant shall comply with all assessments and evaluations requested by DuPage County MICAP;
3. Defendant or his/her attorney shall complete the DuPage County MICAP program packet and accompanying waiver and release, available in the MICAP office located in the Probation Department, Annex Building, and defendant shall sign all releases of information forms as directed by Probation;
4. The Defendant acknowledges that his/her failure to submit the required application and waiver and release in a timely manner may lead to his/her rejection from consideration for DuPage County MICAP.
5. Upon application to MICAP, the Defendant and the Defendant's attorney authorize the exchange of information between the DuPage County MICAP Agencies (Program Coordinator, Department of Probation and Court Services, Public Defender's Office and State's Attorney's Office), designated treatment providers and related agencies as is necessary to determine eligibility for MICAP;
6. Defendant must have health care benefits, health insurance or enroll for coverage under the Affordable Care Act;
7. Defendants *on bond* shall attend and actively participate in all pre-treatment groups through Probation. Defendants *in custody* shall attend and actively participate in programming (if available) provided in the DuPage County Jail, as directed by Probation or the Court;
8. Defendant shall not possess or ingest alcohol, cannabis or illegal drugs;
9. Defendant shall submit to all chemical testing including urinalysis requested by DuPage County MICAP and understands that if the results are positive for alcohol, cannabis or illegal drugs, he/she can be taken into custody;
10. Defendant shall not possess any firearms or other dangerous weapons from the time of the application through the conclusion of his/her participation in MICAP;
11. Defendant waives any speedy trial rights he/she may otherwise have during the pendency of this application;
12. The Probation Department shall complete a Criminal History Report.

Signature of Defendant

on bond in custody

Printed Name of Attorney/Phone Number

ORDER

IT IS HEREBY ORDERED that this matter is continued to _____ at 10:30 A.M. in Courtroom 4001 for status on the defendant's application.

DATE: _____

ENTER: _____