

Mark this box if this form contains Restricted Information.



CIRCUIT COURT **DISTRICT COURT OF MARYLAND FOR** _____
City/County

Located at _____ Case No. _____

STATE OF MARYLAND

vs.

Defendant _____ DOB _____

Address _____

City, State, Zip _____

Home Telephone No. _____ Work Telephone No. _____

CONSENT TO TREATMENT

MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

I, _____, agree to receive retreatment and do voluntarily consent to treatment at _____.

I further agree to enter and complete any residential or out-patient program recommended and arranged by the Maryland Department of Health and to comply with the terms of any Probation Order in this case and any after-care plan developed for me. I have been informed that if I fail to comply with the conditions of my probation, I will face imposition of the sentence which was suspended.

I further agree to complete a Consent to Disclose Protected Health Information form (CC-DC-CR-110) to enable the release of any and all information pertaining to my evaluation, treatment, and counseling to the District Court of Maryland or the circuit court for _____; the Maryland Department of Health; _____ pretrial agency; and the Division of Parole and Probation; and _____.

The terms of this document have been fully explained to me, and I have been given the opportunity to ask questions.

Date

Signature of Defendant

Signature of Defense Attorney Attorney Number