

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 shall comply with all evaluations requested by DuPage County MICAP;
2. The or his/her attorney shall as soon as reasonably possible complete the DuPage County MICAP program application and accompanying waiver and release, available in the MICAP office located in the Probation Department, Annex Building.
3. The Defendant acknowledged that his/her failure to submit to the required application and waiver and release in a timely manner may lead to his/her rejection from consideration for the DuPage County MICAP program.
4. The Defendant shall sign Case Staffing Consent for application.
5. Defendant waives any speedy trial rights he/she may otherwise have during the pendency of this application.
6. Upon application to MICAP, the defendant and the defendant's attorney authorize the exchange of information between the MICAP Program Coordinator, Department of Probation and Court Services, the Public Defender's Office, the State's Attorney's Office, the DuPage County Health Department and any treatment providers deemed relevant by MICAP personnel necessary to determine eligibility for the MICAP program.
7. The Probation Department shall complete a Criminal History Report.
8. Defendant shall not possess any firearms including soft air guns or other dangerous weapons.

Signature of Defendant

VETERAN of U.S. Military
On bond in custody

Printed Name of Attorney/Phone No.

Date

ORDER

IT IS HEREBY ORDERED that this matter is continued to at 9:00 A.M. in Courtroom

For status on the defendant's MICAP application.

Date

Judge