



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND

VS.

Defendant D.O.B. _____

Address _____

City, State, Zip Telephone _____

CONSENT TO TREATMENT

I, _____, agree to receive treatment and do voluntarily consent to treatment at _____ or an alternative treatment program arranged by the Department of Health and Mental Hygiene.

I further agree to enter and complete any residential or out-patient program recommended and arranged by the Department of Health and Mental Hygiene 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 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 _____ County; the Department of Health and Mental Hygiene; _____ pretrial agency; and the Division of Parole and Probation.

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