



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

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 _____.

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