

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**

**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