

**WEST VIRGINIA TREATMENT COURT DIVERSION PROGRAMS**  
(Mental Health Court and Drug Court)

**Consent for Psychological/Mental Health and  
Substance Abuse/Addiction Evaluation  
And Risk Assessment**

Candidate Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_ DOB: \_\_\_\_\_  
County: \_\_\_\_\_ SS#: \_\_\_\_\_

I, \_\_\_\_\_, having requested and being considered  
[Name of Defendant]  
for diversion into West Virginia’s Treatment Court Diversion Programs [Mental Health Court or Drug Court], consent to psychological/mental health and substance abuse/addiction evaluation and risk assessment, which will require me to complete written and/or oral forms and tests and interview with mental health and/or substance abuse/addiction professional(s) selected by the program.

I agree that the Treatment Court Diversion Programs may share any information obtained about me with these professionals(s), and the professionals(s) may share all results of the psychological/mental health and substance abuse/addiction evaluation and risk assessment, which will include treatment recommendations, with the Treatment Court Diversion Programs. I understand that the results of the psychological/mental health evaluation and risk assessment will be used by the Treatment Court Diversion Programs for the purpose of determining whether I am eligible for diversion, and if accepted into the program will be shared with other members of the Treatment Court team and used for provider referrals, development of a treatment plan, and other appropriate Treatment Court processes.

Agreed to by:

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness