

New Mexico Treatment Courts

CERTIFICATION

Letter of Intent

TO: NM AOC – Dept. for Therapeutic Justice

PROGRAM NAME:

DATE:

COURT & PROGRAM TYPE:

Our treatment court program is interested and ready to begin the certification process.

We have completed the actions noted below and are looking forward to taking the next step in demonstrating our alignment with our NM Treatment Court Standards: *Select all that apply.*

Reviewed the *New Mexico Treatment Court Standards*

Reviewed the *Certification FAQs*

Reviewed the *Certification Application Instructions*

Completed the *Quality Engagement Self-Check*

The documents checked below are updated, ready for review, and reflect our current practices: *Select all that apply.*

NM Treatment Court Policy & Procedure Acknowledgment

Policies and Procedures

Surveillance Policy and Procedure

Drug Testing Protocols & Plan for Random Testing

Agency MOUs / Agreements

Team Member MOUs

Team Member Training Logs

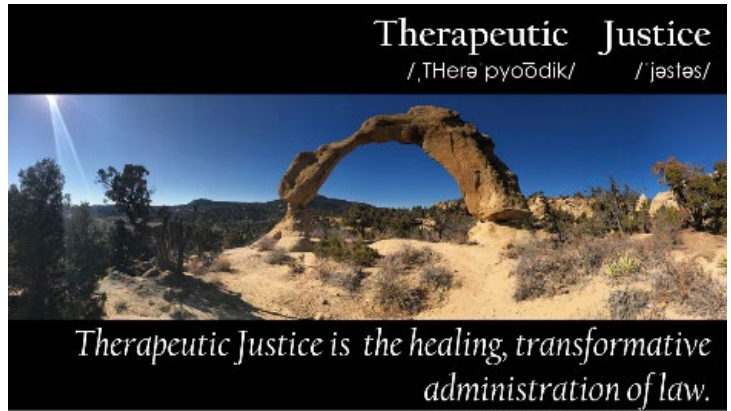
Participant Eligibility Criteria

Participant Handbook & Acknowledgment Form

Participant Consent Form(s)

Service/Treatment Provider Contracts

Treatment Provider Policy and Procedure



Treatment Court Team Member Information

[Not all positions will serve on each team]

<u>Team Position</u>	<u>Name</u>	<u>Email Address</u>
Primary Judge	_____	_____
Alternate Judge	_____	_____
Program Director	_____	_____
Program Manager/Coordinator	_____	_____
Treatment Direct Services Provider	_____	_____
Case Manager	_____	_____
Defense Counsel	_____	_____
Prosecutor	_____	_____
Surveillance or Supervision Officer	_____	_____
Probation Officer	_____	_____
Misdemeanor Compliance Officer	_____	_____
Municipal / Metro Police Officer	_____	_____
State Police Officer	_____	_____
County Sheriff's Deputy	_____	_____
Alumni / Peer	_____	_____
Certified Peer Support Worker	_____	_____
School Representative	_____	_____
Veterans Affairs / VSO Rep.	_____	_____
Veteran Mentor Coordinator	_____	_____
Traditional Healer	_____	_____
Tribal Community Advocate	_____	_____
Tribal Participant Advocate	_____	_____

Include additional team members and emails below:

Primary Contact Name: _____ Email: _____

Please include the Presiding Judge's authorizing signature: _____