

King County District Court

Regional Mental Health Agreement / Conditions of Treatment

Defendant's Name: _____

Date of Birth: _____

Cause Number(s): _____

Charge(s): _____

Cause Number(s): _____

Charge(s): _____

Cause Number(s): _____

Charge(s): _____

Current Mental Health Treatment Provider: _____

Current Case Manager: _____

Phone Number: _____

DEFENDANT SHALL (please initial the conditions imposed by the Court):

_____ Comply with ☐ mental health treatment and ☐ chemical dependency treatment as approved by the judge or probation and attend all recommended individual and group appointments.

_____ Take all medications as recommended by a prescriber approved by the judge or probation.

_____ Obtain a chemical dependency assessment with a provider approved by the judge or probation within ☐ _____ days ☐ if directed to do so by the judge or probation. Follow all treatment recommendations.

_____ Complete a certified Domestic Violence Treatment program with a provider approved by the judge or probation ☐ if directed to do so by the judge or probation.

_____ Do not change mental health, chemical dependency, or domestic violence treatment providers without advance approval from the judge or probation.

_____ Sign all releases of information as requested by probation to monitor compliance with these Conditions of Treatment and other conditions as ordered by Mental Health Court.

_____ Comply with all rules and regulations of your residence. Do not change your residence or phone number without advance approval from the judge or probation.

_____ Current Phone: _____

Current Address: _____

_____ Do not use alcohol or any non-prescribed controlled drugs, or synthetic drugs such as spice or any supplements that have not been approved by your provider. Do not use cannabis, even if you have a medical cannabis prescription. Submit to random drug and alcohol testing when directed to do so.

_____ Do not harm or threaten to harm others or another's property

_____ Do not possess, own, or have under your control any firearm or weapon.

_____ Do not commit any new criminal law violations.

_____ Meet with probation _____ times per month. This may be increased or decreased based upon need and compliance with the treatment plan.

_____ Attend regular review hearings with the court as scheduled.

_____ Obtain permission from the judge or probation prior to travel if travel occurs out of state or if travel interferes with the conditions of treatment, probation, or the court.

_____ Comply with: ☐ Daily medication monitoring as scheduled by your mental health provider and/or probation; ☐ DBT as scheduled by your provider; ☐ MRT as scheduled by your provider or by CCAP.

_____ **Other:**

Signature of Defendant: _____ Date: _____

Judge _____