

# King County District Court

## Regional Mental Health Court 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: \_\_\_\_\_

**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 without advance approval from the judge or probation.

\_\_\_\_\_ Current Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ Do not use alcohol or any non-prescribed controlled drugs, cannabis/medical cannabis, or synthetic drugs such as spice. 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 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 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: \_\_\_\_\_

\_\_\_\_\_