KING COUNTY DISTRICT COURT REGIONAL MENTAL HEALTH COURT (RMHC) CONDITIONS OF RELEASE

		ANT NAME					
Case #		Charge(s):				·····	
The d	lef	endant agrees to comply	with all the follow	ing condi	itions:		
1.	H	OUSING: Reside at:					
	(Address)						
		(City)	(State)		(zip)	(Phone)	
	Follow all rules and regulations of this residence. Do not change your residence or phone number without f notifying the RMHC Court Clinician and your treatment provider.						
2.	TF	TREATMENT: Attend all appointments with					
			(na:	(name)		(agency)	
		(Address)	(City)	(State)	(zip)	(Phone)	
3.	M	EDICATIONS: Take all medica	tions as prescribed.				
4.	MONITORING : Contact the RMHC Court Clinicians weekly either in person (3 rd floor, Room <u>E319</u> , King County Courthouse, 516 Third Avenue,) or by telephone:						
	CU	County Courtilouse, 510 Time Avenue, 7 or by elephone.					
	•	Court Clinician:		Phone:			
	•	Screening/Check in:				Phone Person	
5.	PF	PROHIBITIONS:					
	a. 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 marijuana, even if you have a media marijuana prescription. Submit to random drug and alcohol testing when directed.						
	b. Do not harm or threaten to harm others or others' property.						
	c. Do not commit criminal law violations or alcohol-related infractions.						
		Possess no weapons. Have no contact with victim(s):					
	C.	Have no contact with victim(s).					
5.	0]	OTHER:					
	a.						
	b. Sign all releases of information, as required, to monitor compliance listed in this Conditions of Release and other conditions as ordered by Regional Mental Health Court.						
	c						
Defenda	ant'	s signature	Da	te			
Judge	-		Da	te			