King County District Court Mental Health Court Agreement / Conditions of Treatment

Defendant 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):	
case managers, counsel	th treatment and attend all scheduled appointments, including appointments with all ors, medicine prescribers, and groups recommended by the treatment provider. cations, as recommended by a provider approved by Mental Health Court.
by a provider approved by	ndency assessment within days. Comply with treatment as recommended by Mental Health Court. This includes attending all scheduled appointments, self-th as NA, AA, or CA, and submitting to urinalysis testing and Portable Breath Tests.
	nestic Violence Treatment program, if ordered by the Court, with a provider lith Court. This includes attending all scheduled appointments, and completion of
	mation, as required, to monitor compliance listed in this Agreement / Conditions of iditions as ordered by Mental Health Court.
referred and/or approved	dress or telephone number to Probation within 24 hours. Mental Health Court dresidence requires compliance with all rules and regulations of the residence, tion <u>prior</u> to change of address.
Current Phone:	
——— Current Address:	
Comply with all the terms	s of the <u>Judgment and Sentence</u> or <u>Order Deferring Sentence</u> .
Do not use, possess or c	consume any alcohol or non-prescribed drugs.
Do not assault, threaten	or harass any other person or damage or threaten any property.
Do not commit any new	aw violations.
Other:	
Other:	
Signature of Defendant:	Date: