



MENTAL HEALTH SENTENCING ALTERNATIVE AGREEMENT

I acknowledge that the Mental Health Sentencing Alternative requires that I follow all court-imposed conditions per RCW 9.94A.703.

By initialing the following statements, I confirm my understanding and agree to comply:

_____ I will meet with treatment providers and follow recommendations provided in the individualized treatment plan as initially constituted or subsequently modified by the treatment provider.

_____ I will take all medications as prescribed, including monitoring of prescribed medication intake if necessary.

_____ I will not consume alcohol or nonprescribed controlled substances, including Tetrahydrocannabinol (THC).

_____ I will comply with all Department of Corrections standard conditions of community custody and all Department-imposed conditions.

_____ I am responsible for all financial payments of required treatment.

_____ I will sign and maintain all necessary releases of information for the length of my supervision.

Should I violate any of the conditions listed above, any Department standard or imposed conditions, or any condition of my Judgment and Sentence, I understand that I may be sanctioned by the court or the Department if I am found to have committed the violation(s).

Name DOC number Signature Date

Case manager Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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