



**PRE-SENTENCE INVESTIGATION  
MENTAL HEALTH SENTENCING ALTERNATIVE  
ADDENDUM**

To: The Honorable  
County Superior Court

Date of report:

\_\_\_\_\_  
Name DOC number Sentence date

\_\_\_\_\_  
Alias(es)

\_\_\_\_\_  
Crime(s)

\_\_\_\_\_  
Cause number(s)

\_\_\_\_\_  
Date of offense(s)

\_\_\_\_\_  
County Prosecuting Attorney Defense Attorney

**INTERVIEW**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH SERVICE HISTORY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH HISTORY DURING CONFINEMENT**

\_\_\_\_\_  
\_\_\_\_\_

---

---

**VIOLATIONS OF COMMUNITY SUPERVISION**

---

---

---

---

**MENTAL HEALTH TREATMENT PLAN**

---

---

---

---

**PROPOSED COMMUNITY SUPERVISION MONITORING PLAN**

---

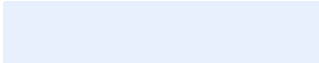
---

---

---

**SUPERVISION COMPLIANCE CREDIT ELIGIBILITY**

A Mental Health Sentencing Alternative is not prohibited from earning Supervision Compliance Credits per RCW 9.94A.717. A Mental Health Sentencing Alternative will be screened for eligibility by the Department and may be found eligible to earn credit toward reduction of supervision time.

\_\_\_\_\_  
Community Corrections Officer            \_\_\_\_\_  
Signature      Date

(     )     -

\_\_\_\_\_  
Community Corrections Supervisor            \_\_\_\_\_  
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.

Distribution: **ORIGINAL** - Court      **COPY** - Prosecuting Attorney, Defense Attorney, Applicable Reception Diagnostic Center, Imaging file, Field file