



# MENTAL HEALTH SENTENCING ALTERNATIVE REPORT

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**

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

**MENTAL HEALTH SERVICE HISTORY**

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\_\_\_\_\_  
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**MENTAL HEALTH HISTORY DURING CONFINEMENT**

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**VIOLATIONS OF COMMUNITY SUPERVISION**

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**MENTAL HEALTH TREATMENT PLAN**

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**PROPOSED COMMUNITY SUPERVISION MONITORING PLAN**

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**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.

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