

**IN THE DISTRICT COURT OF THURSTON COUNTY, WASHINGTON**

<b>STATE OF WASHINGTON /</b>	)	<b>Case No (s):</b>
<b>CITY OF TUMWATER</b>	)	
<b>CITY OF LACEY</b>	)	
<b>Plaintiff,</b>	)	
<b>vs.</b>	)	
	)	
	)	
<b>Defendant</b>	)	<b>MENTAL HEALTH COURT CONTRACT</b>
		<b>VETERANS COURT CONTRACT</b>

In consideration of being accepted into the Thurston County Mental Health Court or Veterans Court, I, the above-named Defendant, must enter a plea of guilty. My sentence will be deferred or suspended and, I must comply with the terms and conditions of this contract. Further sentencing proceedings may be postponed while I successfully participate in the treatment court program.

I acknowledge my participation is a privilege, and it is not a right to participate in the Mental Health Court / Veterans Court program. I understand that this program is a partnership with the Court to support me in making beneficial life-style changes. These changes are designed to help me remain stable in the community and reduce the likelihood of recidivism. The court staff will encourage me to achieve treatment and personal goals while promoting accountability. I agree to abide by the conditions of this contract and the Mental Health Court/ Veterans Court Participant Handbook in order to participate in the program. Any violation of this contract or the Mental Health Court / Veterans Court Participant Handbook may result in sanctions, up to and including termination from the program.

**I. GENERAL REQUIREMENTS:**

1. I understand the program length is **24 months**, but this may be adjusted based on individual performance and compliance. Graduation may be delayed due to violations of this contract or conditions set forth in the Mental Health Court / Veterans Court Participant Handbook.
2. I will appear at all hearings as ordered by the Judge, or as indicated by Mental Health Court / Veterans Court staff.
3. I understand that if I miss court appearances, a warrant may be issued for my arrest. An outstanding warrant may result in sanctions.
4. I will keep all appointments with the court staff. I will contact staff when directed to do so, including responding to voice messages, texts, emails and/or letters.
5. I will promptly inform my treatment providers and the Court of any change in my address or phone number.
6. I will comply with all court obligations, including those in other courts.
7. I understand that new conditions of my sentence may be imposed during my participation in the Mental Health Court / Veterans Court Program. This may be a result of a violation or ordered by the Mental Health Court / Veterans Court Judge.
8. I understand and agree that there may be discussions about my case, my treatment program, and my medical condition that will take place out of my presence.
9. I understand that my current attorney's representation on this case will end with entry into the program. I also understand that I will be assigned a defense attorney in Thurston County Public Defense at no additional cost to represent me during my participation in this program.

**II. TREATMENT REQUIREMENTS**

1. I understand that this program is a mental health court. As such, I agree that I must engage in mental health treatment and any other treatment ordered by the Mental Health Court / Veterans Court Judge. This may include, but is not limited to, domestic violence offender treatment, anger management, and chemical dependency treatment.
2. I will attend all scheduled appointments with my treatment providers and work diligently with them to complete an appropriate treatment program.
3. I will take all medication as prescribed.

4. I will provide a list of all prescribed medications to Mental Health Court / Veterans Court staff. If my prescriptions change, I will notify Mental Health Court / Veterans Court staff.
5. I will inform my Care Coordinator of any usage of emergency services, crisis services, urgent care or any other unexpected medical or mental health care within 24 hours or as soon as possible.
6. I will authorize my treatment providers to release any medical information regarding my treatment to my treatment providers, the Court, the Mental Health Court / Veterans Court Program Manager and/or Care Coordinator, my defense counsel, and the prosecutor. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by law.
7. I waive confidentiality of my medical records, including any test results, and I authorize my treatment providers to discuss my progress with the Court, my defense counsel, and the prosecutor in my case.

### III. LAW-ABIDING BEHAVIOR / SOBRIETY

1. I will obey all criminal laws; I **must** report any new arrests, law enforcement contacts, and criminal proceedings to my treatment provider and to my Care Coordinator **within 24 hours**.
2. I will follow all rules of my residence and inform my treatment providers and Mental Health Court/ Veterans Court staff of any difficulties in doing so.
3. I will maintain sobriety from intoxicating and illicit substances.
4. I will not consume, possess or buy alcohol, non-prescribed drugs or any other intoxicating substance, even if the substance is legal. This includes, but is not limited to:
  - a. Any product that contains alcohol or is created using a fermentation process.
  - b. Any illicit drug, unless the substance is a medication for which I have a current active prescription.
  - c. Any marijuana/cannabis product, even if I have a medical authorization.
  - d. Any and all "designer drugs" that can be purchased legally, over the counter without a physician's prescription
  - e. Any and all "smoking mixtures" (other than products specifically designated to contain only tobacco). Menthol and flavored tobacco are acceptable. Electronic and "vapor" cigarettes are also acceptable.
  - f. Any and all products sold or marketed under false pretenses with the warning "Not for Human Consumption."
5. If I suffer from a chemical dependency diagnosis and am prescribed addictive and/or narcotic medication, I will obtain from court staff and have signed and return a "At Risk Prescription Acknowledgement Form" from my prescriber advising they are aware I am in recovery, and that the medication is medically appropriate in consideration of all of my health needs.
6. I will not enter a bar, tavern, casino or any other building that has a primary focus on alcohol or other intoxicating substance, including marijuana dispensaries. Any exceptions for employment or special events must be approved in advance by the court.
7. In order to monitor my sobriety, I agree to submit to urinalysis (UA) testing, both randomly and at the discretion of the Mental Health Court / Veterans Court staff.
8. I will perform four (4) hours of community service per month in exchange for no-cost UA testing. If I am unable to, or choose not to perform community service, I will make alternative arrangements with Mental Health Court/ Veterans Court staff.

- 9. I agree to submit to additional UAs, Portable Breath Tests, biological alcohol monitoring devices, or other sobriety monitoring measures/devices as ordered by the Mental Health Court / Veterans Court Judge.
- 10. I further agree that if I am ordered to acquire an electronic sobriety monitoring device, I will comply with all terms of use as set out by the provider and my Care Coordinator.
- 11. I will participate in home visits with law enforcement. This means that an officer may come to my home to make contact with me.
- 12. Other conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. FELONY DIVERSION CASES – ( **APPLIES IN THIS CASE**) Frequently, participants may have a felony case tracking the entry into Mental Health Court / Veterans Court. Those who have felony cases that are tracking the Mental Health Court / Veterans Court participation must sign a diversion agreement with the assigned Deputy Prosecuting Attorney on that case. If your participation falls into this category:

- 1. I understand that I must also abide by the terms of the felony diversion contract. These terms will be monitored by the Mental Health Court / Veterans Court Staff.
- 2. I understand that while I am in Mental Health Court / Veterans Court, I must abide by all conditions of release imposed by the Thurston County Superior Court while my felony case is pending. This includes, but is not limited to, abiding by any and all no-contact orders imposed by the Thurston County Superior Court, unless a judge in that court orders that the no-contact order be rescinded.
- 3. I understand that if I fail to graduate from the Mental Health Court / Veterans Court program while on a felony diversion, the Prosecuting Attorney’s Office may recommence prosecution in my felony case and I may face criminal penalties associated with my felony charges.

The sentencing range in my Superior Court case is:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I fail to meet any of the conditions listed above, a violation report will be written and I will face sanctions, which could include termination from the Mental Health Court / Veterans Court Program. If my participation is terminated, the Mental Health Court / Veterans Court Judge may sentence me for my offenses.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Prosecuting Attorney      WSBA#

\_\_\_\_\_  
Attorney for Defendant      WSBA#

DONE IN OPEN COURT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
District Court Judge