



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

LESS RESTRICTIVE ALTERNATIVE - STIPULATED AGREEMENT

Name	DOC number	County/Cause number
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I, _____, knowingly and willingly admit that I violated the requirements of the court and/or Residential Community Transition Team (RCTT) by committing the following violation(s):

I understand that I have the right to a formal hearing before the court in my county of commitment regarding the above violation(s), however, I waive the right to a formal hearing and choose to enter into the following agreement/agreed sanction based on my admission of guilt to the violation(s). The joint recommendation of the RCTT/case manager and myself requires that I do the following:

I further understand that if the court is not satisfied with the above agreement/agreed sanction the court may schedule a hearing and determine an appropriate sanction(s). If this occurs, I understand that I may withdraw from this Stipulated Agreement.

I further understand that if I fail to comply with this agreement/agreed sanction, I may be subject to additional sanctions by the court or the RCTT for the violation(s) listed above as well as failure to comply with the agreement/agreed sanction.

Signature

Date

Corrections Specialist

Signature

Date

Civil Commitment Program 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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