**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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