

King County District Court Regional Veterans Court Agreement / Conditions of Treatment

Defendant's Name: _____

Date of Birth: _____

Cause Number(s): _____

Charge(s): _____

Cause Number(s): _____

Charge(s): _____

Cause Number(s): _____

Charge(s): _____

Current Mental Health Treatment Provider: _____

Current Case Manager: _____

Phone Number: _____

DEFENDANT SHALL (please initial the conditions imposed by the Court):

_____ Comply with mental health treatment and chemical dependency treatment as approved by the judge or probation and attend all recommended individual and group appointments.

_____ Take all medications as recommended by a prescriber approved by the judge or probation.

_____ Obtain a chemical dependency assessment with a provider approved by the judge or probation within _____ days if directed to do so by the judge or probation. Follow all treatment recommendations.

_____ Complete a certified Domestic Violence Treatment program with a provider approved by the judge or probation if directed to do so by the judge or probation.

_____ Do not change mental health, chemical dependency, or domestic violence treatment providers without advance approval from the judge or probation.

_____ Sign all releases of information as requested by probation to monitor compliance with these Conditions of Treatment and other conditions as ordered by Veterans Court.

_____ Comply with all rules and regulations of your residence. Do not change your residence without advance approval from the judge or probation.

_____ Current Phone: _____

Current Address: _____

_____ Do not use alcohol or any non-prescribed controlled drugs, marijuana/medical marijuana, or synthetic drugs such as spice. Submit to random drug and alcohol testing when directed to do so. .

_____ Do not harm or threaten to harm yourself, others, or another's property

_____ Do not possess, own, or have under your control any firearm or weapon.

_____ Do not commit any new law violations.

_____ Meet with probation _____ times per month. This may be increased or decreased based upon need and compliance with the treatment plan.

_____ Attend regular review hearings with the court as scheduled.

_____ Obtain permission from the judge prior to travel if travel occurs out of state or if travel interferes with the conditions of treatment, probation, or the court.

_____ Comply with: Daily medication monitoring as scheduled by your mental health provider and/or probation;
DBT as scheduled by your provider; MRT as scheduled by your provider or by CCAP.

Other:

Signature of Defendant: _____

Date: _____
