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STATE OF WASHINGTON  
SNOHOMISH COUNTY DISTRICT COURT, EVERETT DIVISION

STATE OF WASHINGTON,	)	Case No:
	)	
Plaintiff,	)	
vs.	)	STIPULATION AND ORDER
	)	TO PARTICIPATE IN
	)	MENTAL HEALTH COURT
	)	
Defendant	)	
	)	

By this Order, I agree to the following as conditions for participating and remaining in Mental Health Court:

1. I have received a copy of the Complaint charging me with the crime(s) of one count of \_\_\_\_\_ and one count of \_\_\_\_\_.  
I understand the elements of these crimes as stated in the Complaint.

2. I have a right to have my case heard in the Division where the crime charged is alleged to have occurred. I agree that my case can be transferred to the Snohomish County District Court, Everett Division for the purpose of entering into Mental Health Court.

I understand that I must appear for all Mental Health Court hearings at the Snohomish County District Court, Everett Division, located at the Snohomish County Courthouse, 3000 Rockefeller Avenue, Everett, WA 98201.

All Mental Health Court hearings will occur at the Snohomish County District Court, Everett Division, Dept. 2 (3<sup>rd</sup> Floor). If I opt out of Mental Health Court within 2 weeks of

1 this Order, my case will be transferred back to the Division where the crime charged was  
2 allegedly committed.

3 3. I am aware that I have a right to a trial within 90 days (if not detained in jail) or 60 days (if  
4 detained in jail) after the “commencement date” defined in CrRLJ 3.3(c). I am aware that  
5 if the trial is not held within that time limit, the charges may be dismissed with prejudice.  
6 I am voluntarily waiving this right and agree to a new commencement date of \_\_\_\_\_  
(at least 18 months from today’s date). As a result of this  
waiver, the last allowable date for trial pursuant to CrRLJ 3.3 will be \_\_\_\_\_  
(60 or 90 days after the date specified above).

7 4. I understand I have the right to trial by jury unless I waive that right to a jury trial. I  
8 voluntarily waive my right to a jury trial. I give up my right to call witnesses and to cross-  
9 examine the State’s witnesses. I also give up my right to testify and call witnesses on  
10 my behalf. I give up my right to contest the stop and/or search and/or voluntariness of  
11 any statement that I may have given in my case. I stipulate to the results of any field  
12 tests, as well as lab or forensic tests. I understand that my guilt or innocence will be  
decided by the Judge if I am terminated from Mental Health Court. I understand that it is  
very likely the Judge will find me guilty since the only evidence that the Judge will  
consider are the police reports and other materials submitted by the prosecutor. No one  
has made any threats or promises to me to enter this agreement, other than the  
promises made in this Agreement.

13 5. I understand the Mental Health Court is a treatment court designed to help defendants.  
14 The structure of Mental Health Court is different than traditional court. I understand that  
15 all parties involved in Mental Health Court may discuss matters involving my case with  
16 the Judge when all parties are not present. I freely and voluntarily waive any restriction  
against the attorneys, parties, and the Court from engaging in conversations about my  
case, including my compliance with the rules of the Court and the treatment provider(s),  
even though all parties may not be present during the communication.

17 6. I understand that the length of time to participate in the program is discretionary with the  
18 Court and that the Court may extend the program to allow me additional time to  
19 successfully complete my program requirements. I understand that the minimum time  
20 frame to complete Mental Health Court is 12 months and the maximum time frame is 24  
months. **If additional time is needed for me to complete the program, a request may be  
made to extend the maximum time frame. The Court will determine if an extension will  
be granted.**

21 7. I understand I will be routinely tested for the presence of drugs in my system on a  
22 random basis according to procedures established by the Mental Health Court team  
and/or my treatment provider.

23 I understand I will be given a location and time to report for my drug test.

24 I understand that it is my responsibility to report to the assigned location at the time  
25 given for the test.

I understand that if I am late for a test, or miss a test, it will be considered as a positive  
test for drugs/alcohol and that I may be sanctioned.

1 I understand that if I fail to produce a urine specimen or if the sample provided is not of  
2 sufficient quantity, it will be considered as a positive test for drugs/alcohol and that I may  
be sanctioned.

3 I understand that if I produce a dilute urine sample it will be considered as a positive test  
4 for drugs/alcohol and that I may be sanctioned.

- 5 8. I understand that commission of a new crime, willful violations, or repeated  
noncompliance may result in the termination of my participation in Mental Health Court.

6 I understand that I must report any and all law enforcement encounters whether positive  
7 or negative in nature to the mental health court team within 24 hours of the encounter.

- 8 9. If I am terminated from Mental Health Court for **any reason**, voluntary or involuntary, I  
agree to submit this case on the record. I understand that this means that the Judge will  
9 read the copy of the police reports and affidavit of probable cause, and based upon the  
evidence the Judge will decide if I am guilty of the crime(s) charged.

- 10 10. I understand that if convicted of the charge(s) filed against me that I could be sentenced  
11 to a maximum of not more than 364 days in jail or a fine of \$5000 or both.

- 12 11. I stipulate and agree that if I am convicted and found guilty, the Judge has jurisdiction to  
13 impose a sentence. The sentence may include jail time, detention alternatives, a term of  
probation, conditions of probation, and fines.

- 14 12. I understand that victims have suffered losses and are entitled to restitution. Restitution  
15 will be paid as follows:

16 To: \_\_\_\_\_ Amount: \$ TBD

17 Address for payments: \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_

20 Notes: \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_

23 Restitution shall be paid in full as soon as possible. If it is necessary that I make  
24 monthly payments on restitution, a restitution repayment plan will be established and  
25 approved by the Mental Health Court Team. I will need to provide proof of payment at  
Mental Health Court hearings or as ordered by the Court. I understand that my eligibility  
to graduate from Mental Health Court is conditioned on repayment of restitution prior to  
graduation. [Strike this section if it does not apply]

13. I agree to sign any and all release of information forms necessary to further my  
treatment in the Mental Health Court Program. I also agree to sign releases which will  
allow the Mental Health Court Team to review diagnostic and treatment compliance. I  
further understand that information about my treatment, my criminal history and my  
participation in Mental Health court may be used for program evaluation and quality  
assurance purposes. Any such information shall not be utilized by the State for any

1 prosecution, but may be considered by the Court in deciding my level of participation in  
2 Mental Health Court. Failure to sign necessary releases or withdrawing consent will be  
grounds to terminate me from the Mental Health Court program.

3 14. I agree to the following:

- 4  Participate in individual or group therapy and counseling sessions;
- 5  Participate in any education, treatment, or rehabilitative program;
- 6  Attend all court sessions;
- 7  Submit to random alcohol and/or drug tests, as directed
- 8  Cooperate fully with my case manager and other members of the Mental  
Health Court Team
- 9  Be honest and truthful with my case manager and other members of the  
Mental Health Court Team;
- 10  Advise my treatment provider and the Court of my current address and  
phone number at all times during the program;
- 11  Not possess, use, or consume mind or mood altering substances, or  
remain in the presence of anyone who is using illegal substances;
- 12  Comply with all rules of the treatment services and programs.
- 13  Not possess firearms.
- 14  Pay monthly program fees as set by the Mental Health Court.

15 15. I understand that as part of the treatment program, the Court may require me to seek  
16 and maintain employment, obtain employment counseling, comply with chemical  
17 dependency treatment, obtain a GED, and/or comply with other conditions set by the  
18 Court.

19 16. I understand that if I do not comply with the requirements described in this Agreement, I  
20 will be subject to sanctions imposed by the Court, including, but not limited to, jail time,  
21 electronic home detention, work crew, or community restitution, as a condition of  
22 continuation in the treatment program.

23 17. I understand that if I successfully complete the Mental Health Court program, the  
24 charge(s) will be dismissed with prejudice.

25 18. It is agreed by all parties that during the first 14 days from the date of signing this  
agreement, I may withdraw from Mental Health Court and have all of my constitutional  
right restored. I further understand that, during this same 14 day period, any other  
member of the Mental Health Court team (the prosecutor, Judge, Mental Health Court  
coordinator, or treatment provider) may request my removal from the program for good  
cause, and if I am removed from the program during this period, all of the rights that I  
have waived above are restored. I understand that I must appear on \_\_\_\_\_,  
**2018** to notify the Judge that I want to opt out of the Mental Health Court program.

19. OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to enter this Stipulation freely and voluntarily. No one has threatened harm of  
any kind to me or to any other person to cause me to agree to this Stipulation.

1 My lawyer has explained to me, and we have fully discussed, all of the above  
2 paragraphs. I understand them all. I have been given a copy of this Stipulation and  
3 Order to Participate in Mental Health Court. I have no further questions to ask the judge.

4 DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

5  
6 \_\_\_\_\_, WSBA #  
7 Defendant Deputy Prosecuting Attorney  
8 \_\_\_\_\_ WSBA #  
9 Attorney for Defendant

10  
11 The foregoing stipulation was signed by the defendant in open court in the presence of the  
12 defendant's lawyer and the undersigned judge. The defendant asserted that (check the  
13 appropriate box):

- 14  (a) The defendant had previously read; or  
15  (b) The defendant's lawyer had previously read to him or her; or  
16  (c) An interpreter had previously read to the defendant the entire statement above and that  
17 the defendant understood it in full.

18 **Dated:** \_\_\_\_\_ **Judge**

19 Interpreter Certification

20 I am certified interpreter or have been found qualified by the court to interpret in the  
21 \_\_\_\_\_ language, which the defendant understands, and I have translated this  
22 document for the defendant from English into that language. The defendant has acknowledged  
23 his or her understanding of both the translation and subject matter of this document. I certify  
24 under penalty of perjury under the laws of the State of Washington that the foregoing is true and  
25 correct.

Signed in \_\_\_\_\_ Washington on \_\_\_\_\_

\_\_\_\_\_  
Interpreter Name Interpreter Signature