

**SUPERIOR COURT OF WASHINGTON
COUNTY OF SKAGIT**

STATE OF WASHINGTON, Plaintiff
vs.

_____,
Defendant.

NO: _____

AGREEMENT, WAIVER AND
STATEMENT OF DEFENDANT ON
SUBMITTAL OR STIPULATION OF
FACTS AND ORDER TO PARTICIPATE
IN MENTAL HEALTH COURT

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 information charging me with the crime(s) of _____ and I understand the elements of each crime as state in the information.
2. I give up my right to a speedy jury trial for up to twenty-four (24) months from the execution date of this order. I give up my right to call witnesses and to cross-examine the State's witnesses. I also give up my right to testify. I give up my right to contest the stop and/or search and/or the voluntariness of any statement I may have given in my case. I stipulate to the results of any field tests.
3. I understand that the length of time of participation in the program is discretionary with the Court and that the Court may extend the program to allow me additional time to successfully complete my program requirements. I understand that the minimum time frame to complete Mental Health Court is _____ months.

4. I understand that commission of a serious new crime, repeated willful violations, or repeated noncompliance may result in the termination of my participation in the Mental Health Court program.
5. 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 or Court Commissioner will read the copy of the police reports attached and other materials, and based upon the evidence the Judge or Court Commissioner will decide if I am guilty of the crime(s) charged.
6. I understand that if convicted of the charges filed against me that I could be sentenced to a maximum of not more than _____ years in prison or a fine of \$_____ or both with a standard sentencing range of _____ in jail/months in prison.
7. I stipulate and agree that if I am convicted and found guilty, the Court Commissioner has jurisdiction to impose a sentence.
8. I agree to pay restitution to all victims in the amount of \$_____ to _____.
I further agree and understand that if I do owe restitution I will not be allowed to graduate until restitution has been paid in full.
9. I agree to sign any and all releases 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 information. Any such information shall not be utilized by the State for any prosecution, but may be considered by the Court in deciding my level of participation in Mental Health Court.
10. I agree to:
 - ◆ participate in individual or group therapy and counseling sessions;
 - ◆ participate in any education, treatment or rehabilitation program;
 - ◆ attend all court sessions;
 - ◆ submit to random alcohol and/or drug tests, if part of my treatment;
 - ◆ cooperate fully with my case manager and other members of the Mental Health Court Team;
 - ◆ be honest and truthful to the Mental Health Court Team and Treatment Team;
 - ◆ to keep my treatment provider and the Court advised of my current address and phone number at all times during the program;

- ◆ to not possess, use or consume alcohol or illegal substances, or remain in the presence of anyone who is using illegal substances; and
 - ◆ comply with all rules of the treatment services and programs.
11. I understand that as a part of the treatment program, the Court may require me to seek and maintain employment, obtain employment counseling, obtain a GED, and/or comply with other conditions set by the Court.
 12. I understand that if I do not comply with the requirements described in this Agreement, I will be subject to sanctions imposed by the Court.
 13. I understand that if I successfully complete the Mental Health Court program, the State will move to dismiss the charges with prejudice.

I have read the above statement of the rights I must give up and the agreements I must make and I understand what I have read. No one has made any threats or promises to cause me to agree with the State to submit to this stipulation of facts.

I knowingly give up these rights and enter into these agreements with the Court. After consultation with my attorney, I voluntarily sign this Agreement and Statement on Stipulation to Facts and Order to Participate in Mental Health Court.

DATED this _____ day of _____, 20_____.

JUDGE/COURT COMMISSIONER

Defendant

Attorney for Defendant

Deputy Prosecuting Attorney