

**SKAGIT COUNTY DISTRICT COURT PROBATION**  
**205 W KINCAID ST, ROOM 301**  
**MOUNT VERNON WA 98273**  
**PHONE: (360) 416-1275 / FAX: (360) 416-1280**  
**E-MAIL: [dcpb@co.skagit.wa.us](mailto:dcpb@co.skagit.wa.us)**

**WARREN M. GILBERT, JUDGE**  
**DIANNE E. GODDARD, JUDGE**  
**THOMAS L. VERGE, JUDGE**

**JENIFER G. HOWSON**  
**COMMISSIONER**  
**JAMES M. MALCOLM JR.**  
**PROBATION DIRECTOR**

**IN-HOUSE ALCOHOL PROGRAM**

I, \_\_\_\_\_, understand that I will not be given credit for compliance with the “In-House Alcohol Program” unless I do the following:

**REMAINING CLEAN AND SOBER**

1. Abstain from consuming alcohol or any legally controlled substance unless prescribed by licensed medical personnel.
2. Find a person of my choice who (a) knows me well and (b) sees me frequently and who is willing to sign a statement saying that as far as she/he knows, I have fully complied with requirement number one above.
3. Ask this person to sign a Compliance Verification Statement [provided by the probation department] as indicated in requirement number two above.
4. Sign the same Compliance Verification Statement at the bottom that states that I have been truthful with this person and that I have **not** made any effort to persuade them to be untruthful.
5. Bring or send the same Compliance Verification Statement to the probation department [see address above] immediately after the date found at the bottom of the Statement.
9. Ask the probation department for more forms when I run out of them.
10. Be advised that if I do not remain clean and sober, the probation department may ask the court to impose one or more of the following: (a) monitored antabuse [if prescribed by licensed medical personnel], (b) urine analysis, (c) breath testing for alcohol

**AA/NA MEETINGS**

1. Go to TWO Community-based, 12-step support group meetings per week, beginning \_\_\_\_\_.
2. Provide signed proof that you are attending the sessions on the provided attendance form
3. Ask the leader of the meeting to sign his/her name and the date of the meeting every time you go to a meeting.
4. Write your full name at the top of each page that is signed by the leader.
5. Return all of these pages to the probation department at the beginning of each month.

I UNDERSTAND THAT THE “ IN-HOUSE ALCOHOL PROGRAM” DOES NOT IN ANY WAY QUALIFY AS A STATE CERTIFIED ALCOHOL TREATMENT PROGRAM. THEREFORE, IT CANNOT BE USED FOR CREDIT TO OBTAIN A DRIVER’S LICENSE THAT WAS SUSPENDED BECAUSE OF AN ALCOHOL PROBLEM.

\_\_\_\_\_  
DEFENDANT’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
, PROBATION OFFICER

OUR FILE NUMBER: