

ACKNOWLEDGMENT OF SRMHC REQUIREMENTS

I have chosen to voluntarily participate in the Spokane Regional Mental Health Court Program and I agree to the following conditions:

- I agree to cooperate with all SRMHC recommendations.
- I agree to follow my mental health treatment plan.
- I agree to follow my chemical dependency treatment plan, if applicable.
- I agree to attend all scheduled SRMHC hearings.
- I must obtain permission if I am unable to attend a scheduled Court appearance from my probation officer or case manager.
- I agree to weekly or biweekly contact and to attend all scheduled appointments with the SRMHC case manager or SRMHC probation officer.
- I agree to sign all necessary releases of information.
- I agree to take all medications as prescribed and I agree to remain compliant with my medications.
- I agree to abstain from the use or abuse of illegal or non-prescribed drugs .
- I agree to keep the Court apprised of my current address and telephone number and report any changes.
- I agree to remain law-abiding .
- Other _____

I understand and agree to follow all of the above stated conditions of my SRMHC treatment plan.

I understand that failure to comply with these conditions will result in a review of my case with the SRMHC Team, to determine my continued participation or the imposition of Court ordered sanctions including incarceration or termination.

Participant Signature: _____

Program staff Signature: _____

Date: _____