

Acknowledgment and Agreement of Participant Handbook

I, _____ have read/have been read the Spokane Regional Mental Health Court Participant Handbook and agree to the terms and conditions stated in the Handbook for acceptance and participation in the Spokane Regional Mental Health Court Program. I understand that if I do not follow the Spokane Regional Mental Health Court Program rules, I can be terminated from the program. I have received a copy of this agreement for my records.

Participant Signature

Date

Defense Counsel

Date

Prosecuting Attorney

Date