

STATE OF WASHINGTON
KITITITAS COUNTY UPPER AND LOWER DISTRICT COURTS

STATE OF WASHINGTON /)	Case:
CITY OF _____)	
v.)	
)	PETITION FOR BEHAVIORAL
)	HEALTH COURT
_____)	
Defendant)	
)	

The defendant hereby petitions the District Court for evaluation and screening for entry into the Kittitas County Behavioral Health Court program and agrees and waives as follows:

1. To fully cooperate in and satisfactorily complete a substance use disorder treatment evaluation at Merit Resource Services and/or a mental health evaluation at Comprehensive Healthcare as directed. Referral to medical health services and/or medication management may be required if appropriate.
2. To enter treatment and/or stabilization programs as recommended or referred by Merit Resource Services/Comprehensive Healthcare, pending a decision by the Court to accept the defendant into the Behavioral Health Court program. This may include referral to primary care medical provider and/or medication management.
3. To report as directed to the Behavioral Health Court Compliance Specialist for preparation of a social history and report of residence, review of program expectations and possible referral to other programs as recommended.
4. To not use or possess alcohol, non-prescribed drugs, or controlled substances, including cannabis and other mind-altering substances and to not associate with or be in the proximity of any person using or possessing alcohol or any controlled substance. This includes not working with any police or investigative agency on drug cases or other such cooperation which may involve contact with illegal drugs and otherwise using and possession of drugs not prescribed.

5. To submit to random witnessed drug/alcohol testing as required by Merit Resource Services, Comprehensive Healthcare, the Court, or other authorized agencies or official of the Behavioral Health Court. (This testing may include urinalysis, breath, saliva, blood or other.)
6. To immediately advise the Court and treatment provider(s) in writing of any change of home address, phone number or place of employment.
7. To appear on time at all Behavioral Health Court hearings as directed.
8. To obey all laws.
9. To sign all releases of confidentiality necessary to further the treatment goals of the Behavioral Health Court program to allow team members complete access to diagnostic and treatment information, and all medical, mental health, substance use disorder and other counseling records. Use of such information is limited to the purposes of the Behavioral Health Court.

I further understand that:

10. I may not present this request to the court without approval and signature of the prosecuting authority.
11. I have been advised that Behavioral Health Court is for those who sincerely believe that they suffer from a substance use disorder and/or serious and persistent mental health diagnosis.
12. That it may take up to thirty (30) days to complete my evaluations and schedule a hearing to be considered whether to accept me into the Behavioral Health Court.
13. There are a limited number of available openings in Behavioral Health Court, and I may not be accepted even if I otherwise qualify.
14. The Behavioral Health Court does not have to accept me into the Behavioral Health Court program. The Court has the final decision to determine who is accepted into Behavioral Health Court and to determine if involuntary termination from Behavioral Health Court will occur. The Team is comprised of treatment providers, the prosecuting authority, defense attorney, housing specialists, court personnel, law enforcement, and judges. Any Behavioral Health Court Team Member may oppose acceptance in the Behavioral Health Court or request termination for non-compliance. However, the Court will decide what action to take. The length of the program is a minimum of 12 months but may be extended by the Court as needed.

Waiver of the Right to Speedy Arraignment and Speedy Trial:

15. I have been advised by my attorney and understand that I have been charged with the offense(s) of _____. I have received a copy of the charging document(s).

16. I have been advised by my attorney and understand that pursuant to CrRLJ 3.3 I have the right to trial within sixty (60) days of my arraignment if I am in jail, and within ninety (90) days if I am not in jail. I understand that if my case is not heard within that time, it must be dismissed unless I give up my right to speedy trial, request a continuance of the case, or the Court finds good cause for extension of the trial date. **I hereby waive my right to speedy trial and agree to toll recommencing calculation thereof until such point that my case is referred back to District Court.**

17. My waiver of speedy trial rights is prospective from this date. If I am not accepted into Behavioral Health Court for any reason or am accepted and allowed to withdraw within 14 days after entry, all rights to challenge prior or existing violations of speedy trial are reserved. If I am accepted and participate for more than 14 days, my waiver of rights applies to all prior or existing violations.

I have read or had read to me this Petition to the Kittitas County Behavioral Health Court. My attorney has explained it to me, and we have fully discussed all the above paragraphs. I understand them all and wish to have my case referred to the Behavioral Health Court. I made this decision freely and voluntarily.

Dated this _____ day of _____, _____.

Defendant

Prosecuting Authority, WSBA #

Attorney for Defendant, WSBA #

The foregoing stipulation was signed by the defendant. The defendant asserted that (check the appropriate box):

- ☐ (a) The defendant had previously read; or
☐ (b) The defendant's attorney had previously read to him or her; or

[] (c) An interpreter had previously read to the defendant the entire statement above and that the defendant understood it in full.

Dated: _____
Judge

Interpreter Certification

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

Signed in _____ Washington on _____.

Interpreter Name

Interpreter Signature