

STATE OF WASHINGTON  
KITTITAS COUNTY UPPER AND LOWER DISTRICT COURTS  
BEHAVIORAL HEALTH COURT

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v.	Plaintiff	Case:  REQUEST FOR REFERRAL TO BEHAVIORAL HEALTH COURT
	Defendant	

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The defendant requests referral 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 or decline me into the Behavioral Health Court program. This may include referral to my primary care medical provider and/or medication management.
3. To report as directed to the Behavioral Health Court Compliance Specialist, Emily Brown, Lower Kittitas County District Court, Courthouse, Room 180 for preparation of a social history and report of residence, review of program expectations and possible referral to other programs as recommended.

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 to me.

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 my treatment provider 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 Judges do not have to accept me into the Behavioral Health Court program. The Judge 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 treatment providers, the prosecuting authority, or any other Behavioral Health Court agency or official may oppose acceptance in the Behavioral Health Court or request termination for non-compliance. The length of the program is a minimum of 12 months but may be extended by the Judges 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 CrLJ 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 pending the entry of an order accepting or declining me into Behavioral Health Court and agree that any trial may occur within 60/90 days from the date of that order. I understand and agree that if I decline to proceed with my request for Behavioral Health Court, that an order declining acceptance will still be required and that any necessary trial may occur within 60/90 days of entry of that order.**

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 Request for Referral to 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 enter 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