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**EVERETT MUNICIPAL COURT  
SNOHOMISH COUNTY, WASHINGTON**

**CITY OF EVERETT,**  
**Plaintiff**  
**vs.**  
**Defendant.**

)  
) **CASE NO:**  
)  
)  
) **MENTAL HEALTH ALTERNATIVES**  
) **PROGRAM – PARTIES’ REQUEST TO**  
) **TRANSFER – DEFENDANT**  
) **UNDERSTANDING AND AGREEMENT –**  
) **CONDITIONS OF ONGOING RELEASE –**  
) **ORDER**

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**I. PARTIES’ REQUEST TO TRANSFER**

**COMES NOW** the Plaintiff, City of Everett, by and through its Prosecuting Attorney, and the Defendant, above-named, by and through his attorney \_\_\_\_\_, and hereby request transfer of the above-listed cases into the Mental Health Alternatives Program (“MAP”).

**II. DEFENDANT UNDERSTANDING & AGREEMENT**

**A. The MAP Program.** I understand I am being given the opportunity to enter into the Mental Health Alternatives Program (MAP) with Everett Municipal Court. I understand this is a voluntary, court-sanctioned alternative program designed to assist me in leading a crime free lifestyle and connect me with treatment options and other community resources. I understand that the MAP requires regularly scheduled court appearances to provide the court with progress reports.

**B. Determination of Plan.** I understand that in the MAP I will go through phases that include oversight by the judge, individual treatment and other requirements, and the use of incentives

1 or sanctions when appropriate. As I move through the phases of the program, I will be evaluated and  
2 promoted based on successful completion of each phase. Because all plans are individualized, the  
3 requirements may vary and can be modified by the judge following recommendations of the MAP  
4 team.

5 C. **MAP Calendar – Rules.** The rules of the MAP calendar are:

- 6 1. Attend all court hearings;
- 7 2. Arrive on time, or early, to court;
- 8 3. Remain for the entire calendar to offer support to fellow participants;
- 9 4. Do not interrupt proceedings in any manner (i.e., talking, whispering, coming and going,  
10 etc.);
- 11 5. Be respectful and courteous of all participants and court personnel at all times (i.e., no  
12 cell phone use, no hats, no inappropriate language, etc.).

13 I also understand that I am allowed to bring friends and/or family members to offer personal  
14 support through this process, and that they will also abide by the aforementioned rules.

15 I understand that if I do not abide by the above stated rules, I may face sanctions including, but  
16 not limited to, jail time, increased court appearances, and/or termination from the program.

17 D. **Waiver of Time for Trial (CrRLJ 3.3); Waiver of Jury Trial (CrRLJ 6.1.1(a)).** I  
18 understand that I have the right to trial within 90 days following my arraignment date. I understand  
19 that if I am not brought to trial within this time that the case(s) may be dismissed with prejudice  
20 unless I waive this right. I hereby waive my time for trial rights so that I can be involved in the MAP,  
21 which can take up to 24 months to complete. I understand that I have a right to a trial by jury unless I  
22 waive the right to a jury trial. I hereby waive my right to a jury trial and request that my guilt or  
23 innocence be determined by a judge.  
24  
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1           E.       **Stipulation.** I agree that the police report(s) in this matter and any other documentation  
2 or evidence relating to this case is admissible and will be submitted at my initial appearance on the  
3 MAP calendar. I understand that by this process I am giving up my constitutional right to a jury trial,  
4 the right to hear and question witnesses, the right to call witnesses in my own behalf, and the right to  
5 testify or not to testify. I understand that the maximum sentence for a gross misdemeanor crime is  
6 364 days in jail and a \$5,000.00 fine and that the maximum sentence for a misdemeanor crime is 90  
7 days in jail and a \$1,000.00 fine, and that the judge can impose any sentence up to the maximum no  
8 matter what the prosecution or the defense recommends. No one has made any threats or promises to  
9 me to agree to this.

10          F.       **Termination from the Program – Grounds – Other Sanctions.** I understand that I  
11 may be terminated from the MAP for refusing to participate in my treatment plan and/or other  
12 conditions of release, for willful violations of the program, for committing a serious new crime, if I  
13 am on bench warrant status for an extended period, or other reasons as determined by the judge. I  
14 understand that I may voluntarily choose to leave the program at any time without any sanction if I do  
15 so within 60 days of my first appearance on the MAP calendar. To opt out, I need to let my attorney  
16 know so that he/she can inform the City and the Court. I understand that if I leave the program after  
17 the 60 day opt-out period I will be considered in violation of the program and could be sanctioned or  
18 terminated from the program.

19          G.       **Termination from the Program – Result.** I understand that if I am terminated from the  
20 MAP, the judge will read the police report(s) and any other materials submitted (see “E” above), and,  
21 based solely upon that evidence, the judge will decide if I am guilty of the crime(s) with which I am  
22 charged.

23          H.       **Graduation from the MAP.** I understand that if I successfully complete the MAP the  
24 prosecutor agrees to move the Court to dismiss with prejudice the crime(s) with which I am charged  
25 in these matters. To graduate, I must:

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1. Comply with my treatment plan and/or other conditions of release, including appropriate use of medications and drugs.
2. Not have missed an excessive number of appointments, meetings, or court hearings.
3. Demonstrate an established support system and be able to describe how I will maintain stability after graduation. This includes what I must do every day to keep well, triggers that could make me feel worse, and an action plan to stabilize the situation.
4. Show that I have the skills needed to secure food, clothing and shelter and that if possible I am in a residential environment that promotes ongoing recovery.
5. I agree to pay any restitution that is owing as a result of the crimes with which I was charged, and any court costs that might have been incurred in the cases that have been accepted into the program.
6. Have not had any further criminal law violations supported by probable cause.
7. \_\_\_\_\_  
\_\_\_\_\_  
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**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

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**Defendant**

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**III. APPROVAL OF PARTIES**

If the crime(s) charged are DV, Prosecutor has informed the alleged victim and ascertained that the alleged victim does not object<sup>1</sup>. Yes \_\_\_\_\_ No \_\_\_\_\_ Prosecutor's Initials \_\_\_\_\_

**Approval of MAP Liaison (Required for a violent crime or when the defendant has a history of violent crime)**

DATE: \_\_\_\_\_

LIAISON NAME: \_\_\_\_\_

LIAISON SIGNATURE: \_\_\_\_\_

**Presented By:**

**Approved for Entry:**

\_\_\_\_\_  
Prosecuting Attorney  
WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Attorney for Defendant  
WSBA No. \_\_\_\_\_

**V. ORDER**

The Court, having reviewed the parties' request to transfer into the MAP and the Defendant's Understanding and Agreement, and having reviewed the records and files herein, and having received and considered recommendations from the MAP team regarding acceptance of the Defendant into the program, does hereby make the following findings:

1. The Defendant is represented by counsel;
2. The Request for Transfer and Defendant's Understanding and Agreement are completed and signed;
3. The prosecutor has signed the Request for Transfer and the MAP liaison has approved the request if required;
4. The Defendant appears to be eligible for participation in the program, to-wit:
  - a. There is a basis from which to find that he/she will benefit from the program;

<sup>1</sup> Victim objection is not solely determinative of a defendant's acceptance into the Program, but will be considered by the Team.

- 1                   b. The charge is not DUI, Physical Control, Communicating with a Minor for  
2                   Immoral Purposes, or any offense during which Defendant used a firearm or  
3                   caused substantial or great bodily harm or death to another person;  
4                   c. If the charge is a DV charge, the victim does not object; and  
5                   d. There is no indication that the Defendant has been previously convicted of a  
6                   serious violent offense or sex offense as defined in RCW 9.94A.030.  
7                   e. There is no basis to find that the Defendant is not competent to stand trial as  
8                   defined by state law; and  
9                   f. There is no indication that Defendant presents a safety risk to the MAP team or  
10                  any specific participant of the MAP;  
11                  g. The Defendant has agreed to pay restitution in the amount of \$ \_\_\_\_\_ to  
12                  \_\_\_\_\_ by \_\_\_\_\_, 2017.

13 **NOW, THEREFORE, IT IS HEREBY ORDERED THAT:**

14                  The Clerk of the Court shall add the defendant's case(s) to the next regularly scheduled MAP  
15 docket.

16                  If the defendant opts out of the program within 60 days of this order, the stipulation and  
17 agreements contained herein will be withdrawn and the case(s) will be returned to a regular trial track.

18 **IT IS ALSO HEREBY ORDERED THAT DEFENDANT COMPLY WITH THESE**  
19 **CONDITIONS OF ONGOING RELEASE:**

- 20                  1. No new arrests as a result of new criminal law violations;  
21                  2. Do not engage in conduct that has a definable negative impact on any person, any  
22                  person's property, or any business, government agency, or other entity, whether or not  
23                  the conduct arises to probable cause for a new arrest or charge;  
24                  3. Meet as scheduled with your attorney;  
25                  4. Meet as scheduled with the MAP liaison;  
                    5. Attend all scheduled court dates;

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6. Comply with mental health counseling and treatment at

\_\_\_\_\_;

7. Comply with chemical dependency recommendations and treatment at

\_\_\_\_\_;

8. Take medications as prescribed; and

9. \_\_\_\_\_.

Defendant must bring proof of continued involvement in treatment to each review session.

FAILURE TO APPEAR MAY RESULT IN ISSUANCE OF AN ARREST WARRANT.

**DONE IN OPEN COURT this \_\_\_\_ day of \_\_\_\_\_, 2017.**

\_\_\_\_\_

**JUDGE**