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|---|
| <b>King County<br/>Community Court in Bothell</b> |
| CITY OF BOTHELL,<br>Plaintiff,                    |
| vs  |
| _____   |
| Participant,                                      |

**No:**

**CITY OF BOTHELL COMMUNITY  
COURT AGREEMENT**

**I. BASIS**

COMES NOW the parties and hereby request the Court to allow Defendant to enter into Community Court for a period of \_\_\_\_\_ months, then and there the charges associate with this/these cause number(s) to be dismissed if the Defendant has complied with the conditions set forth in this document. Defendant has been charged with the following offense(s) with accompanying penalties:

\_\_\_\_\_

The crime(s) with which I am charged carries a maximum sentence of \_\_\_\_\_ days in jail and a \$\_\_\_\_\_ fine.

**II. FINDINGS**

After reviewing the case record, the Defendant's prior criminal history, and the basis for the motion, the court finds that the parties have agreed, and the Defendant, by his/her signature, understands that in order to participate in the Bothell Community Court Program, he/she needs to plead guilty to the above crime(s) and consent to the conditions contained in this order. The Defendant also agrees to attend in person or virtual Community Court meetings as scheduled.

The Defendant understands that at team meetings, the judge, court personnel, prosecutors, defense attorneys, and treatment/social service providers will privately discuss her/his case(s) off the record and without the Defendant being present. The Defendant agrees that such discussions may take place outside of her/his presence.

**III. ORDER**

**IT IS HEREBY ORDERED** that ~~the sentence~~ sentencing on the above-captioned cause number be, and hereby is, continued for the time period specified above; these charges to be dismissed on or before the expiration of said period provided the condition(s) as indicated below are met. If the following condition(s) are not met, the case shall proceed to sentencing on that date. The defendant acknowledges he/she has a right to timely sentencing and waives that right. The defendant also understands she/he has a constitutional right to be present at sentencing. The defendant agrees that voluntarily absenting her/himself by failing to appear for his/her sentencing date she/he will be waiving the right to be present at sentencing. Regardless of

**PARTICIPANT'S INITIALS:** \_\_\_\_\_

whether the defendant appears at sentencing or voluntarily waives that right, the defendant may submit a statement to the court in writing for the court to consider at sentencing.

**IT IS FURTHER ORDERED** that upon entry into Community Court, the Defendant shall be known as the “Participant” for the purpose of the above-captioned cases during such time as he or she remains in the Community Court Program.

**A. NON-TREATMENT RELATED CONDITIONS:**

As part of your successful completion of the Community Court Program, it is mandatory that, with the exception of federal holidays, you attend all in person and/or virtual Community Court hearings, unless excused from attendance by prior order of the court. **FAILURE TO ATTEND MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST AND DETENTION.**

**Participant shall maintain a current mailing address with the court.**

**Participant shall commit no criminal law violations.**

**If Participant resides in any supportive housing, he/she shall abide by all house rules and directions of staff.**

**Participant shall appear at all scheduled court dates, unless appearance is specifically waived by the court, Participant is incarcerated, or Participant is in hospital or treatment facility.**

Participant shall pay restitution in the amount of \$\_\_\_\_\_. (As specified by attached Restitution Order).

Participant shall be released to inpatient treatment on: \_\_\_\_\_.

Other: \_\_\_\_\_

\_\_\_\_\_.

**B. TREATMENT/COMMUNITY SERVICE RELATED CONDITIONS:**

***ALL CONDITIONS MARKED BELOW SHALL BE ENTERED INTO WITHIN 7 DAYS OF SIGNING THIS ORDER. ALL TREATMENT SHALL BE COMPLETED AS DIRECTED BY THE BOTHELL COMMUNITY COURT TEAM AND THE TREATMENT AGENCIES MARKED BELOW.***

Participant shall complete any required follow-up treatment.

Participant shall complete \_\_\_\_\_ hours of Community Service, in Bothell (unless otherwise authorized by the court), with proof of hours completed provided to the Court. If community service is not completed as ordered by the Court, the Participant may be subject to sanctions by the court which could result in revocation of this agreement.

**PARTICIPANT'S INITIALS:** \_\_\_\_\_

- Participant shall not possess or consume alcohol, any substance containing alcohol or any drugs, including marijuana or marijuana derivative, unless there is proof of a valid prescription by a physician. Submit to drug and alcohol testing at the request of probation or Community Court Team.
- Geographical Restriction:
  - Stay off premises of: \_\_\_\_\_.
  - SODA order
- Participant shall immediately contact and continue to follow-up with the Social Service/ Treatment Providers marked below:  
 (Refer to list of providers given to you in court to find specific agencies you will contact.)

| Required                 | Services to Access:  |
|--------------------------|--|
| <input type="checkbox"/> | <u>Education</u> : Inquire about finishing/furthering your education and funding opportunities. E.g. GED/HS/college completion   |
| <input type="checkbox"/> | <u>Work Training</u> : Inquire about trade training, internships or work programs.   |
| <input type="checkbox"/> | <u>Employment</u> : Inquire about help with resumes, interviewing, job searching and/or job placement.   |
| <input type="checkbox"/> | <u>Legal, Financial or Dispute Resolution</u> : Inquire about civil legal matters: renting contracts, debts, and non-criminal legal issues.  |
| <input type="checkbox"/> | <u>Parenting/Early Childhood Support Services</u> : Inquire about parenting classes, supplies and/or support for young children/families.  |
| <input type="checkbox"/> | <u>Health/Medical Care</u> : Inquire about health insurance, transportation to medical appointments, and/or medical/dental care.   |
| <input type="checkbox"/> | <u>Housing Assistance/Programs</u> : Inquire about longer term housing and housing subsidies.  |
| <input type="checkbox"/> | <u>DSHS</u> :<br><u>Cash Assistance for</u> : ID replacement, child care, medical care, refugees, disabled persons, seniors<br><u>DSHS Programs</u> : HEN, SNAP, TANF, BFET, PWA, Child Support Services |
| <input type="checkbox"/> | <u>Emergency Services, Food, Shelter</u> : Inquire about help with immediate needs such as housing and food.   |
| <input type="checkbox"/> | <u>Mental Health Care</u> :<br><input type="checkbox"/> Get a mental health assessment and follow treatment recommendations.   |

PARTICIPANT'S INITIALS: \_\_\_\_\_

|                          |  |
|--------------------------|--|
|                          | <p><i>(Apple Health or no health insurance)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Currently in Treatment/Counseling:</u> Sign an ROI for current treatment provider to report to Community Court through IKRON or your defense atty.</li> <li><input type="checkbox"/> Find a counselor/therapist and provide proof of attendance.<br/><i>(Private health insurance)</i></li> </ul> |
| <input type="checkbox"/> | <p><u>Substance Use Disorder Treatment:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Get a substance use disorder assessment and follow treatment recommendations.</li> <li><input type="checkbox"/> <u>Currently in Treatment:</u> Sign an ROI for current treatment provider to report to Community Court through IKRON or your defense atty.</li> </ul>                                    |
| <input type="checkbox"/> | <p><u>Transportation Services:</u> Orca Lift, shuttles, transportation planning assistance.</p>  |
| <input type="checkbox"/> | <p><u>Specialized Services:</u> Check into additional services support based on your status.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Veterans</li> <li><input type="checkbox"/> Disability</li> <li><input type="checkbox"/> Senior</li> <li><input type="checkbox"/> Young Adults (18-24)</li> </ul>  |
| <input type="checkbox"/> | <p><u>Other Services:</u></p> <hr/> <hr/> <hr/> <hr/>  |

**Failure to complete the marked condition(s) could result in the court finding a violation. If a violation is found I agree and understand that I could be subject to sanctions up to and including revocation of this agreement. The sanctions may include jail, electronic home monitoring, additional community service, fine, work crew, or other appropriate sanctions.**

**C. INCENTIVES FOR TIMELY PROGRESS SUCCESSFUL COMPLETION:**

Community Court also offers other incentives for your timely progress and successful completion in the Community Court Program, including:

- Reduced attendance requirements;
- Acknowledgment of your success to staff, providers, and other participants;
- Bus passes;
- Early dismissal of charges; and
- Others as appropriate.

**PARTICIPANT'S INITIALS:** \_\_\_\_\_

**D. SUCCESSFUL COMPLETION OR REVOCATION:**

I understand that the Judge and Community Court Team will determine whether I have reasonably satisfied with this agreement. Dismissal with prejudice of the criminal charges shall take place so long as the Participant completes all specified conditions contained in this agreement within the time period above. A graduation shall be presented as evidence of commitment and success. To revoke the agreement, the court need only to be convinced by reasonable satisfaction that I failed to comply with the conditions of the agreement.

**WAIVER OF APPEARANCE - CrRLJ 3.4(a)**

I hereby authorize my counsel to waive my appearance and continue the case(s) when I am in treatment, incarcerated in another jurisdiction or excused from attendance by the court.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
JUDGE/COMMISSIONER

\_\_\_\_\_  
CITY OF BOTHELL PROSECUTOR

\_\_\_\_\_  
WSBA No.

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
ATTORNEY FOR PARTICIPANT

\_\_\_\_\_  
WSBA No.

**Interpreter Declaration:** I am a certified or registered interpreter, or have been found otherwise qualified by the court to interpret in the \_\_\_\_\_ language, which the respondent understands. I have interpreted this document for the respondent from English into that language. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_, on (date) \_\_\_\_\_.

\_\_\_\_\_  
Interpreter

\_\_\_\_\_  
Print Name

**PARTICIPANT'S INITIALS:** \_\_\_\_\_