**Client/Defendant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Case/Cause Number(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entry Date and Duration of Agreement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THURSTON COUNTY PRETRIAL SERVICES DIVERSION**

**Agreement of Entry/Voluntary Participation**

Below are the terms and conditions of the Pretrial Services Diversion with Thurston County. You must acknowledge your understanding of, and agreement to, each term and the condition(s) identified by initialing in the \_\_\_\_\_\_ areas provided below:

1. \_\_\_\_\_\_ **LAWS AND CONDUCT:** I will honestly answer, questions posed to me by a Pretrial Services Officer (“PSO”). If I am issued any citation or arrested, I will notify my PSO of the citation and/or arrest within 24 hours. I understand that during my Pretrial Services Diversion, I **CANNOT** have any new criminal law violations.

2. \_\_\_\_\_\_ **MANDATORY REPORTING:** I will report to the “Pretrial Services Diversion” program within **5 (five) business days** of entering the Pretrial Diversion Program. Pretrial Services is located at ***2000 Lakeridge Drive SW Bldg. 2, Olympia, WA 98502***. Phone: ***(360) 786-5208*** Fax: ***(360) 754-2952.***

3. \_\_\_\_\_\_ **WEEKLY CHECK-IN/CONTACT WITH PSO:** I will check in weekly with my PSO. My check-in day is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between **7:00 AM-5:00 PM.** I will regularly communicate with my PSO as needed by answering calls, texts, e-mails, *etc*. I will return all messages from my PSO.

4. \_\_\_\_\_\_ **RESIDENCE/CONTACT INFORMATION:** I will provide my PSO with a current address, phone, and E-mail. If any of this information changes during the duration of my Pretrial Services Diversion, I will ***immediately*** notify my PSO and provide him/her/they with my updated information.

5. \_\_\_\_\_\_ **ORDER OF CONDITIONS:** I will follow the Order Establishing Conditions of Release (“3.2 Order”). This can include but is not limited to, abstaining from alcohol/controlled substances, no contact orders, travel restrictions, *etc*.

6. \_\_\_\_\_\_ **RANDOM SUBSTANCE ABUSE TESTING:** I will submit to **ANY** test for alcohol or controlled substances as requested and directed by any PSO. I may have to pay for the UA testing done by the Thurston County Correctional Options Program located at: 3490 Ferguson St SW, Tumwater, WA 98512 between ***9:00-11:30 AM and 1:00-4:30 PM, 7 days a week***. The cost is **$15.75 exact change**, which you must have each time you report along with a valid Photo ID. I may also opt for free testing done by Thurston County Drug Court 2400 Bristol Ct SW, Olympia, WA 98502 between ***7:00-10:30 am, Monday – Friday*** with a valid Photo ID.

7. \_\_\_\_\_\_ **EVALUATIONS AND PROGRAM PLANS:** I will obtain any treatment evaluation deemed necessary as ordered by the Court or requested by my PSO. I will participate in and successfully complete any treatment, counseling, or other programs deemed beneficial as directed by the Court or PSO. Generally, evaluations and program plans are based on the charges and needs of the client/defendant. This can include but is not limited to: substance use disorder evaluation from a state certified provider, state certified domestic violence evaluation from a WAC compliant treatment agency (***Not covered by insurance***), evaluation from a licensed mental health provider, anger management course, victim impact panel, parenting classes, consumer/theft awareness education, evaluation with community youth services, *etc*.

8. \_\_\_\_\_\_ **ACCOUNTABILITY:** I will sign any waivers or releases of information necessary for my PSO to access my treatment/program records to track my progress. If there are any changes in my treatment plan or I am terminated from any treatment or program, I will ***immediately*** notify my PSO.

9. \_\_\_\_\_\_ **COURT ORDERED FINANCIAL OBLIGATIONS:** I will pay all costs, fees, fines, and restitution in the amount ordered by the Court and any interest that may accumulate.

10. \_\_\_\_\_\_ **NON-COMPLIANCE CONSEQUENCES:** Any non-compliance with the conditions of my Pretrial Services Diversion Agreement and/or Order of Conditions of Release monitored by Pretrial Services Diversion could result in modification of reporting requirements (*i.e*., increase in type or treatment and frequency of testing) and will be reported to the Court and counsel. The Prosecuting Attorney’s Office may take actions that result in issuing a bench warrant and revoking my Pretrial Services Diversion Agreement.

11. \_\_\_\_\_\_ **FINAL ACKNOWLEDGEMENT:** I acknowledge that I have read and understand what is required of me while I report to Pretrial Services Diversion for \_\_\_\_\_ months. I understand that participation in this program is voluntary, and I am opting to enter this contract voluntarily and of my own free will with the Thurston County Prosecutor’s Office as a resolution for my case. I have reviewed this document thoroughly, was provided a blank copy for my records, and asked my defense attorney any questions for clarification if applicable.

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Client/Defendant **Signature** Witness/Defense Attorney **Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Defendant Name **(printed)** Witness/Defense Attorney Name/Bar #

if applicable **(printed)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date