

**Requirements For Participating in Deferred Prosecution Program RCW 10.05.150**

A deferred prosecution program for alcoholism shall be for a two-year period and shall include, but not be limited to, the following requirements:

- (1) Total abstinence from alcohol and all other non-prescribed mind-altering drugs;
- (2) Participation in an intensive inpatient or intensive outpatient program in a state-approved alcoholism treatment program; **IOP as follows:**
  - (a) Receive a minimum of seventy-two hours of treatment services within a maximum of twelve weeks, which consist of the following during **the first four weeks** of treatment:
    - (i) At least three sessions each week, with each session occurring on separate days of the week
    - (ii) Group sessions must last as least one hour.
- (3) Participation in a minimum of two meetings per week of an alcoholism self-help recovery support group, as determined by the assessing agency, for the duration of the treatment program.
- (4) Participation in an alcoholism self-help recovery support group, as determined by the assessing agency, from the date of court approval of the plan to entry into intensive treatment;
- (5) Not less than weekly approved outpatient counseling, group or individual, for a minimum of six months following the intensive phase of treatment;
- (6) Not less than monthly outpatient contact, group or individual, for the remainder of the two-year deferred prosecution period;
- (7) The decision to include the use of prescribed drugs, including disulfiram, as a condition of treatment shall be reserved to the treating facility and the petitioner’s physician.
- (8) All treatment within the purview of this section shall occur within or be approved by a state-approved alcoholism treatment program as described in chapter RCW 70.96A;
- (9) Signature of the petitioner agreeing to the terms and conditions of the treatment program.

**I understand as a petitioner for the deferred prosecution program I am required to follow the above requirements to be compliant with the courts. I understand that if I do not comply \_\_\_\_\_ (treatment agency) will report my non-compliance to all reporting agents including the courts.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date