

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

RE:

CAUSE #

DOB:

**AGREEMENT OF COMMUNITY OUTPATIENT CARE PROVIDER**

I have reviewed the conditions provided to me in reference to the above cause number, and agree to monitor this less restrictive alternative order consistent with the terms of RCW 71.05.585

Signed at \_\_\_\_\_, Washington, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Agency

Agency Representative  
printed name

\_\_\_\_\_  
Agency Representative  
Signature