

CONDITIONAL RELEASE PLAN

Case Number: 2021-000421-CFFA

Date Plan Submitted: 9/27/21

To Judge Perkins in the Seventh Judicial Circuit

General Conditions:

I, **REBA LYNN JOHNSON**, understand that I have been found by the Court to be Incompetent to Proceed (ITP) pursuant to Chapter 916, Fla. Stat. and that I am being considered for Conditional Release status. I understand that I will be expected to follow the conditions listed below in order to remain living in the community. I specifically agree:

- 1) to obey all municipal, state, and federal laws.
- 2) not to leave the state of Florida without written permission from the Court who maintains jurisdiction over my case.
- 3) to live at 10 Riddle Drive, Palm Coast, FL 32164, (386) 313-6231, (386) 627-0458. I agree not to change my address/living situation without approval of the Court.
- 4) not to own, possess, or have access to firearms or any other weapons.
- 5) to provide any release of information requested by my treating physician, mental health provider or competency trainer concerning my mental health and compliance with the conditions of this Conditional Release Plan.
- 6) not to take or possess any drugs or prescribed medications unless prescribed by my treating physician.
- 7) to follow the terms of my treatment plan, whether or not they are specified in this Conditional Release Plan.
- 8) to complete any necessary forms for payment of services.
- 9) to understand that, even though I may not have violated any Conditions of Release, I may be re-hospitalized or placed in a crisis stabilization facility if my mental health deteriorates to such a point that hospitalization or stabilization is necessary for my safety and/or the safety of the community.

Specific Conditions:

I agree:

- 1) not to consume alcoholic beverages or use illicit substances or controlled medications not prescribed to me.
- 2) to take all medications as prescribed by my treating physician or psychiatrist. I agree to meet with my assigned physician or psychiatrist as scheduled for the purpose of monitoring my medication.
- 3) to cooperate with the collection of laboratory specimens including testing of blood, breath, or urine for alcohol, illicit drugs, and therapeutic medication levels as ordered by my treating physician, mental health provider or the court. I understand that some of these requests may be random and unscheduled.
- 4) to participate in competency training sessions as scheduled by my competency trainer.
- 5) to cooperate with all requests for Psychological Testing.
- 6) that if I am unable to attend a meeting or session as required by this Conditional Release Plan, I will provide advance notice by telephoning the person with whom I was scheduled to meet.
- 7) to make arrangements for my transportation between my residence and the meetings required by this Plan. I understand that missing activities because of a lack of transportation will not be accepted as an excuse.
- 8) no victim contact.

Individual Agreement:

I have read or had read to me and understand and accept the conditions under which I will be released by the Court. I agree to abide and conform to them and fully understand that my failure to do so may result in:

- a) revocation of Conditional Release;
- b) modification of the Conditional Release Plan,
- c) notification of the Court and proper legal authorities;
- d) emergency hospitalization, pursuant to Chapter 916, F.S.; or,
- e) arrest and prosecution.

Signature: Reba Johnson

Date: 11/30/21