

SUICIDE CONTRACT*

1. I, _____, agree not to kill myself, attempt to kill myself, or cause harm to myself during the next period of time, from _____ to _____, the time of my next appointment.
2. I agree to get enough sleep and to eat well.
3. I agree to get rid of things I could use to kill myself (e.g., my guns, pills, etc.).
4. I agree that if I have a bad time, and if I feel that I might hurt myself, I will call _____, my counselor, immediately at # _____, or the Crisis Center (or Suicide Prevention Center), at # _____.
5. I agree that these conditions are part of my counseling contract with _____.

Signed _____ Date _____

Witnessed _____ Date _____