

## NO HARM / NO SUICIDE CONTRACT

I, \_\_\_\_\_, hereby agree that I will not harm myself in any way, attempt suicide, or die by suicide.

Furthermore, I agree that I will take the following actions if I am ever suicidal:

- 1) I will remind myself that I can never, under any circumstances, harm myself in any way, attempt suicide, or die by suicide.
- 2) I will call 9-1-1 if I believe that I am in immediate danger of harming myself.
- 3) I will call any or all of the following numbers if I am not in immediate danger of harming myself but have suicidal thoughts (please list names, phone numbers, addresses, and any other relevant contact information below):

	Contact Phone Numbers	Organizational Entity or Relationship	
<input type="checkbox"/>	1-800-SUICIDE	24-Hour Suicide Prevention Hotline that can be called from anywhere in the USA.	
<input type="checkbox"/>	(800) 746-8181 or (707) 576-8181	Psychiatric Emergency Services (PES)/Sonoma County Behavioral Health Services (SCBHS)	
<input type="checkbox"/>		Family Member Name:	Relationship:
<input type="checkbox"/>		Family Member Name/	Relationship:
<input type="checkbox"/>		Friend's Name/	Relationship:
<input type="checkbox"/>		Medical Doctor's Name:	Name of Group Practice, if applicable:
<input type="checkbox"/>		Other:	Relationship:

- 4) I will continue talking on the phone with as many people as necessary for as long as necessary until the suicidal thoughts have subsided.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

## CRISIS PLAN

Signs that I am becoming UNSAFE:

SAFE person/people to CALL:

National Suicide Crisis Line: (800) 784-2433 or Emergency: 9-1-1

Safe PLACE to GO:

Ways to CARE for myself in crisis:

Helpful things to TELL myself in crisis: