

# Joel's Law Petition for Initial Detention

This packet contains the:

- User Guide
- Petition
- Declaration

Mandatory Forms in Washington State Courts



WASHINGTON  
**COURTS**  
ADMINISTRATIVE OFFICE OF THE COURTS

Washington Pattern Forms Committee and the  
Administrative Office of the Courts  
Olympia, Washington

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## User Guide for the Joel's Law Petition for Initial Detention

### What is a Joel's Law Petition for Initial Detention?

If a person 13 years of age or older has a behavioral health disorder and is a danger to themselves, others, property, or is gravely disabled, and a designated crisis responder (DCR) does not act to detain that person for evaluation and treatment or secure withdrawal management and stabilization services, then this petition allows an immediate family member, guardian, or conservator of the person, or a federally recognized Indian tribe, if the person is a member of the tribe, to ask the superior court to review that DCR's decision and consider an order to detain that person for initial detention.

### Who Can File A Petition for Initial Detention?

An immediate family member, guardian, or conservator of a person, or a federally recognized Indian tribe, if the person is a member of the tribe, can file such a petition with the court. **A conservator can only apply on behalf of the respondent if they are an adolescent (ages 13-17).** The person filing the petition is called the "Petitioner", and the person for whom detention and treatment is sought is called the "Respondent".

### How Do I File a Petition for Initial Detention?

Follow these instructions. They will: (1) tell you what facts must exist in order for you to be able to file the petition; (2) tell you how to file the petition; and (3) explain what happens after you file the petition.

### Definitions

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| "Behavioral health disorder" means either a mental disorder, a substance use disorder, or a co-occurring mental disorder and substance use disorder.   |
| "Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions.  |
| "Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substance. |
| An immediate family member is the spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, or sibling of the person that is the subject of the <i>Joel's Law Petition for Initial Detention</i> .  |
| A guardian is a person appointed by the court to make decisions with respect to the personal affairs of an individual.   |
| A conservator is a person appointed by a court to make decisions with respect to the property or financial affairs of an individual subject to conservatorship.  |
| "Designated crisis responder" (DCR) is a mental health professional appointed by the county, by an entity appointed by the county, or by the Washington State Health Care Authority in   |

consultation with a federally recognized Indian tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in chapter 71.05 RCW.

**1. You can file a Joel's Law petition if:**

- A. You are an immediate family member, guardian, or conservator of the person that you seek to have detained, or a federally recognized Indian tribe, if the person is a member of the tribe; **and**
- B. You or someone else asked for an investigation of the person that you seek to have detained; **and**
- C. Either:
  1. A DCR conducted the Involuntary Treatment Act (ITA) investigation and decided not to detain the person for evaluation and treatment; **or**
  2. 48 hours passed since the DCR received the request for investigation and the DCR has not taken action to have the person detained; **and**
- D. You file your petition within 10 calendar days following the:
  1. DCR ITA investigation, **or**
  2. Request for investigation, if the DCR has not taken any action to have the person detained.

*If it has been more than 10 calendar days, you cannot file a petition but you may request a new DCR investigation. How can you find out the date? If you ask the DCR or agency for the date of the investigation, they must give you the date to help you prepare the petition.*

**2. How to complete the petition:**

- A. Fill out the *Petition* (the form begins following the last page of this information sheet). Provide all of the information requested, including:
  1. A description of the relationship between you and the person; **and**
  2. The date on which an investigation was requested from the DCR; **and**
  3. The date of the DCR investigation, if there was one.
  4. Fill out the *Declaration* to describe why the person should be detained (this declaration will be part of the petition once complete). For each category, check yes, no, or don't know.
    - For each question that you answer yes, provide a description of the person's behavior in the space provided on the form. Be as detailed as you can.  
  
For example, you may describe a history of one or more violent acts, such as behavior that resulted in death, attempted suicide, nonfatal injuries, or substantial damage to property.
    - If you have any documents that support the petition, list the documents and attach copies.

5. You must sign the petition and declaration under penalty of perjury under the laws of the State of Washington, and you must include the date when signed and place (city and state) where you signed it.

*Complete the petition with as much information as you can to describe why you think the respondent should be detained.*

- B. In support of the petition, other family members, landlords, neighbors, teachers, school personnel, or anyone else with significant contact and a history of involvement with the person may also provide a declaration. They must sign their declaration under penalty of perjury under the laws of the State of Washington, and they must include the date when signed and place (city and state) where they signed it.

### 3. Where Do You File Your Petition?

File your petition and any witness declarations with the clerk of the superior court in the county where the DCR ITA investigation:

- occurred; **or**
- was requested to occur.

Go to this web page for a list of county courts and clerks' offices:

[http://www.courts.wa.gov/court\\_dir/?fa=court\\_dir.county](http://www.courts.wa.gov/court_dir/?fa=court_dir.county)

**Note:** If at any time a DCR files a petition for the initial detention of the **same** person you are seeking to have detained, the court will dismiss your petition and the petition filed by the DCR will move forward.

### 4. What Happens After You File the Petition?

- A. Within 1 judicial day, a judicial officer (either a judge or commissioner) will review your petition and any other declarations. That judicial officer will decide whether the documents raise sufficient evidence to support your request for the detention of the person.
  1. If there is not sufficient evidence, the judicial officer will dismiss your petition. You will receive a copy of the court's dismissal order.
  2. If there is sufficient evidence, the judicial officer will provide a copy of the petition to the DCR agency. The court will order the agency, within 1 judicial day, to file a written sworn statement describing the basis for the decision not to seek the initial detention. The agency must provide documents supporting its decision.
- B. After you file your petition and before the judicial officer makes a decision, anyone may file a written sworn declaration in support of, or in opposition to, your petition.
- C. The judicial officer will review all information provided to the court.
- D. No later than 5 judicial days after the date you file the petition, the judicial officer will issue a final decision.
  1. If there is insufficient probable cause to support the petition, the court will deny the petition. You will receive a copy of the court's dismissal order.
  2. If there is probable cause to support the petition, and the person refuses or does not accept voluntary evaluation and treatment, the court will grant the petition.

3. If the person is 18 or older, the court may issue an order for initial detention for evaluation and treatment for not more than 120 hours, and a warrant for law enforcement to apprehend and deliver the person to the facility or emergency room determined by the DCR.
4. If the person is an adolescent, the court must issue an order for initial detention for evaluation and treatment for not more than 120 hours, and a warrant for law enforcement to apprehend and deliver the person to the facility as determined by the DCR.
5. The initial detention order remains valid for up to 180 days.
6. You will receive a copy of the court's order/s.

**Superior Court of Washington, County of \_\_\_\_\_**

In re the detention of

\_\_\_\_\_  
Respondent (person to be detained)    DOB

\_\_\_\_\_  
Petitioner

Case No.

**Joel's Law Petition for Initial Detention**

**(PMIR, PMINE, paragraph 3)**

**(Cause code – MIF)**

To ask the court to detain the respondent, complete and file with the clerk of the court:

- this petition **and**
- the Declaration in Support of Joel's Law Petition for Initial Detention.

You may also file signed declarations from family members, landlords, neighbors, teachers, school personnel, or anyone else with significant contact and a history of involvement with Respondent.

I, *(name of Petitioner)* \_\_\_\_\_, am filing this Petition for Initial Detention to ask the court to detain Respondent for behavioral health disorder evaluation and treatment.

**1. Petitioner's Relationship to the Respondent**

I am Respondent's:

spouse    domestic partner    child    stepchild

parent    sibling    stepparent    grandparent

guardian    conservator *(only applicable if Respondent is an adolescent, age 13-17)*

\*The Guardianship or Conservatorship case number is \_\_\_\_\_ and it is filed in *(county name)* \_\_\_\_\_ County Superior Court.

I am an authorized representative of a federally recognized Indian tribe, of which Respondent is a member.

Name of federally recognized Indian tribe: \_\_\_\_\_

**2. Petitioner’s Contact Information**

My contact information is:

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**3. Information about the Designated Crisis Responder (DCR) Investigation**

An investigation by a DCR was requested on (date) \_\_\_\_\_ in (county name) \_\_\_\_\_ County.

Name of DCR and agency: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

What happened?

(PMIR) [ ] The DCR investigated Respondent on (date) \_\_\_\_\_ and decided not to detain Respondent for evaluation and treatment.

or

(PMINE) [ ] 48 hours or more have passed since the DCR received a request for investigation and the DCR has not taken any action to detain Respondent.

**4. Time for Filing the Petition**

I am filing this petition within 10 calendar days following the DCR investigation, or following the request for DCR investigation if the DCR has not taken any action.

**5. Correct County**

I am filing the petition in this county because this is where the DCR investigation occurred or where the investigation was requested to occur.

**Petitioner signs here:**

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_ Date: \_\_\_\_\_  
City State

▶ \_\_\_\_\_  
Petitioner signs here Print name Date

**Petitioner’s lawyer (if any) fills out below:**

▶ \_\_\_\_\_  
Petitioner’s lawyer signs here Print name and WSBA No. Date

**Superior Court of Washington, County of \_\_\_\_\_**

In re the detention of

Case No.

\_\_\_\_\_  
Respondent (person to be detained) **DOB**

**Declaration in Support of Joel's Law  
Petition for Initial Detention  
(DCLR)**

My name is: \_\_\_\_\_

My relationship to Respondent is *(for example: spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, sibling, guardian, landlord, neighbor, teacher, school personnel, or friend)*: \_\_\_\_\_

My contact information is:

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Read carefully and answer each question below:

**Recent Behaviors**

As a result of a behavioral health disorder:

**Harm to self:** Is there a substantial risk that physical harm will be inflicted by a person upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm on themselves (for example, has Respondent recently threatened or attempted to kill, or badly and physically hurt themselves)? [ ] yes [ ] no [ ] don't know.

**Harm to others:** Is there a substantial risk that physical harm will be inflicted by this person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm (for example, has Respondent recently physically hurt someone, and/or threatened or attempted to physically hurt someone)? [ ] yes [ ] no [ ] don't know.

**Harm to others' property:** Is there a substantial risk that physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others (for example, has Respondent recently physically



damaged someone's property, and/or threatened or attempted to physically damage someone's property)?  yes  no  don't know.

**Gravely disabled (a):** Is the Respondent in danger of serious physical harm resulting from a **failure to provide for their essential human needs** of health or safety (for example, is Respondent unable to provide for their basic needs of food, clothing, shelter, and/or medical care)?  yes  no  don't know.

Is there a high probability of serious physical harm within the near future without adequate treatment?  yes  no  don't know.

**Gravely disabled (b):** Does the Respondent manifest severe deterioration in routine functioning, evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions, and is the Respondent **not receiving such care as is essential for their health or safety** (for example, is Respondent's mental control or decision-making ability getting worse and preventing the Respondent from receiving care for the basic needs of food, clothing, shelter, and/or medical care)?  yes  no  don't know.

Will harmful consequences occur to Respondent without treatment?  
 yes  no  don't know.

**Refused evaluation and treatment:** Has Respondent refused or failed to accept evaluation and treatment voluntarily?  yes  no  don't know.

**Statement**

For each question you answered yes, describe the behavior, starting with the most recent, that caused you to answer yes. Be as detailed in your descriptions as possible and include dates for each event or an example, if you can, and explain how you know the information (for example, Respondent told you the information, or you saw the Respondent do the things you are describing):

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Respondent previously acted when: (a) Respondent was detained or committed, (b) had a major worsening of symptoms and/or behavior, or (c) killed or hurt someone, attempted to kill themselves, or caused substantial damage to property)?  yes  no  don't know.

Do the symptoms and behaviors you described above represent a marked and concerning change in the baseline behavior of Respondent (for example, is Respondent's behavior or symptoms worse compared to how Respondent usually acts or behaves)?  
 yes  no  don't know.

Without treatment for the symptoms and behaviors you described above, is the continued deterioration of Respondent probable (for example, will Respondent continue to get worse without help)?  yes  no  don't know.

For each question you answered with yes, give recent examples below of the symptoms or behavior that supports the risk, harm, or deterioration that caused you to answer yes. Be as specific in your descriptions as possible. Include dates for each event or example, if possible.

Also, please explain how you know the information you are providing in this declaration (for example, Respondent told you the information, or you saw Respondent do the things you are describing). Attach additional paper (preferably lined paper) if you need more space:

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Is there any other past behavior, including violent acts, Respondent committed that you want the court to know about? If yes, please give recent examples below of that behavior. Be as specific in your descriptions as possible. Include dates for each event or example, if possible.

Also, please explain how you know the information you are providing in this declaration (for example, Respondent told you the information, or you saw Respondent do the things you are describing). Attach additional paper (preferably lined paper) if you need more space:

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**Prior Court Actions**

Has Respondent previously been found to be incompetent or insane by a court?

yes  no  don't know

If yes, provide as much information as you can, including the name of the court, case number, and date:

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Has Respondent previously been committed by a court to detention for behavioral health disorder treatment during the preceding 36 months?  yes  no  don't know.

Was Respondent involuntarily committed for behavioral health disorder treatment more than 36 months ago?  yes  no  don't know.

If yes, provide as much information as you can, include the name of the court, case number and date:

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Has Respondent been judicially required or administratively ordered to take antipsychotic medication while in confinement?  yes  no  don't know.

If yes, provide as much information as you can, including who ordered Respondent to take antipsychotic medication while in confinement, and when:

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**Document/s to Support Your Petition**

If you have any documents to support your petition, list them below and attach copies. These documents may include police reports, prior mental disorder or competency evaluations, prior substance use disorder evaluations, prior recommendations to have an evaluation for civil involuntary treatment commitment, prior civil or criminal involuntary treatment commitment orders, or photographs.

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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_ Date: \_\_\_\_\_

City

State



*Sign here*

*Print name*