

Superior Court of Washington, County of _____

In re Detention of: <hr/> Respondent DOB	Case No.: _____ Petition for Assisted Outpatient Treatment (AOT) Order <input type="checkbox"/> Modification (PTMAOT) <input type="checkbox"/> Revocation (PTRAOT)
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1. Petitioner is a designated crisis responder (DCR) or the secretary of the department of social and health services (DSHS).

2. The petitioner alleges under penalty of perjury that the respondent, as a result of (*check applicable box*) mental disorder substance use disorder or co-occurring disorders, was ordered to undergo treatment under an assisted outpatient treatment (AOT) order, granted on (*date*) _____.

3. The petitioner alleges that in accordance with
 - (For adults) RCW 71.05.590(1), the Respondent:
 - Is failing to adhere to the terms and conditions/s of their release;
 - Demonstrates substantial deterioration in their functioning has occurred;
 - Evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; and/or
 - Poses a likelihood of serious harm.

 - (For adolescents) RCW 71.34.780(1), the Respondent:
 - Is failing to adhere to the terms and conditions/s of their release; and/or
 - Demonstrates substantial deterioration in their functioning has occurred;

4. The petitioner was notified that the respondent should be evaluated to determine whether modification or revocation is necessary on (*date*) _____.

5. The respondent [] was detained at (name of facility or hospital) _____ located in (county or city) _____ [] was not detained for the purpose of a hearing for modification or revocation.

6. Respondent was brought to my attention under the following circumstances (attach additional pages, if necessary):

7. The facts upon which I base my petition for [] modification [] revocation are as follows (e.g. failure to comply with the AOT; decompensation; etc.) (attach additional pages, if necessary):

8. The less restrictive treatment option should be revoked because continued release is not in the best interest of the respondent or others and [] modification [] revocation is clinically appropriate and necessary for the following reasons (attach additional pages, if necessary):

9. Petitioner requests that a hearing be held to determine whether the AOT order should be [] modified with the proposed conditions (*attach the proposed AOT order*) [] revoked and the respondent detained for inpatient treatment.

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