



# WASHINGTON COURTS

July 25, 2021

**TO:** Judges, Commissioners, County Clerks, Court Administrators, Court Facilitators, Libraries, Attorneys, and the Public

**FROM:** Ashley Tam, Senior Legal Analyst  
Administrative Office of the Courts

**RE:** SUMMARY OF CHANGES FOR CH. 71.05 RCW AND JOEL’S LAW FORMS (JULY 2021)

The Washington Pattern Forms Committee updated the chapter 71.05 RCW and Joel’s Law court pattern forms in response to the sections effective July 25, 2021 in the:

- Laws of 2021, ch. 263 ([E2SSB 5071](#)), Civil Commitment—Transition Teams—Less Restrictive Alternative Treatment, and
- Laws of 2021, ch. 264 ([SSB 5073](#)), Involuntary Commitment—Various Provisions.

We also addressed user feedback, used more inclusive terms, improved form accuracy, and increased clarity of information contained in these forms. In addition, we have begun efforts to standardize our forms amongst all our form sets and therefore, you will notice stylistic changes as well.

The following forms were updated and are effective on July 25, 2021.

Form No.	Form Title
MP 410	Findings, Conclusions, and Order Committing Respondent for Involuntary Treatment, Less Restrictive Alternative Treatment, or Assisted Outpatient Behavioral Health Treatment
MP 420	Findings, Conclusions, and Order Committing Respondent for Involuntary Treatment or Less Restrictive Treatment
MP 430	Findings, Conclusions, and Order Authorizing Administration of Anti-Psychotic Medications
MP 441	Order of Continuance
MP 445	Order Setting Trial Date
MP 450	Order for Dismissal
MP 460	Order Revoking Less Restrictive Alternative Treatment/Conditional Release
MP 470	Order After Review under RCW 71.05.235



MP 1.0600	Joel's Law Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe. (Forms packet includes petition, declaration, and user guide.)
MP 1.0700	Joel's Law Order

The chapter 71.05 RCW and Joel's Law forms are located on our [List of All Forms](#) webpage under a new "Behavioral Health" quick link at:

<http://www.courts.wa.gov/forms/?fa=forms.static&staticID=14#BehavioralHealth>.

### Customizing the Summary of Changes

We created this Summary of Changes using Adobe Acrobat Pro's Compare Tool. Depending on your PDF reader and software version, you may have different options to customize the Summary of Changes.

1. Download the Summary of Changes from your web browser. Then, open the file with Adobe Acrobat Reader DC.
2. Use the Bookmarks in the left pane (look for the  icon) to locate the form changes you would like to review, and then click on the name of the form. After that, click "Go to First Change (page 1)."
3. Hover over icons (e.g., a message bubble or white "x" enclosed in red circle) in the document to see changes appear in a pop-up text box, or click on the icons to see a description of the changes in the right pane.
4. To filter the types of changes you would like to see:
  - a. Click the filter icon  in the right pane. If you do not see the filter icon, go to View>Tools>Comment>Open.
  - b. Select the type of changes (comments) you would like to see, such as "text replaced" or "text deleted," or "text inserted." Click to "select" or "unselect." Then, click "apply."
  - c. Select "clear all" to reset the filters, as necessary.

To provide feedback about this Summary of Changes or any of our court forms, please complete the online form available at:

<http://www.courts.wa.gov/forms/?fa=forms.formsComments>.

Thank you to the Washington Pattern Forms Committee and ch. 71.05 RCW Forms Subcommittee for updating the forms for statewide use.

# Compare Results

Old File:

**MP 410 Findings Conclusions Order  
Committing Resp for IT 14 90 LRA AOT\_2021  
01.pdf**

**6 pages (413 KB)**  
12/9/2020 10:28:17 PM

versus

New File:

**MP 410 Find Concl Order IT 14 90 LRA  
AOT\_2021 07.pdf**

**6 pages (416 KB)**  
7/21/2021 10:55:08 AM

## Total Changes

**135**

## Content

**32** Replacements  
**35** Insertions  
**42** Deletions

## Styling and Annotations

**26** Styling  
**0** Annotations



[Go to First Change \(page 1\)](#)

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

<p>In re the Detention of:</p>  <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: right; margin-right: 20px;">Respondent</p>	<p><b>Case No.</b> _____</p> <p><b>Findings, Conclusions, and Order Committing Respondent for Involuntary Treatment, Less Restrictive Alternative Treatment, or Assisted Outpatient Behavioral Health Treatment</b></p> <p>Clerk Action Required: 18, <input type="checkbox"/> 19</p>
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<p><i>Select all that apply:</i></p>	
<p><input type="checkbox"/> <b>Mental Disorder</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> 14-day involuntary inpatient treatment treatment (ORDT14)</p> <p style="padding-left: 20px;"><input type="checkbox"/> 90-day LRA (ORDL90)</p> <p style="padding-left: 20px;"><input type="checkbox"/> 90-day AOT (AOTL90)</p>	<p><input type="checkbox"/> <b>Substance Use Disorder</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> 14-day involuntary inpatient (ORDT14S)</p> <p style="padding-left: 20px;"><input type="checkbox"/> 90-day LRA (ORDL90S)</p> <p style="padding-left: 20px;"><input type="checkbox"/> 90-day AOT (AOTL90S)</p>
<p><b>LRA/AOT Expires on</b> _____.</p>	

**Hearing**

-  The court held a hearing on (date) \_\_\_\_\_ on the:
- Petition for 14 days of involuntary treatment **OR** 90 days of less restrictive alternative treatment.
  - Petition for 90 days of assisted outpatient behavioral health treatment.
- The following people appeared at the hearing:
- Respondent appeared  in person  by video  
**and** was represented by \_\_\_\_\_.
  - Respondent waived their appearance through counsel.
  -  A separate appearance waiver has been filed.
  - Respondent orally waived their appearance through defense counsel, and the court

accepts this waiver.

- Petitioner appeared  in person  by video  
**and** was represented by \_\_\_\_\_.
- Guardian ad litem (GAL)  appeared in person  appeared by video  waived appearance.
- Guardian ad litem (GAL) waived Respondent's appearance.
- Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_.
- Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_.
- Agreed order.

In addition to the findings of fact and conclusions of law written below, the court incorporates by reference the oral findings of fact and conclusions of law.

### Findings of Fact

The court makes the following findings of fact:

- 1. Time of Hearing.** The hearing was held within the time period allowed in RCW 71.05.240.
- 2. Firearm Notice.** (Not applicable for persons committed to substance use disorder treatment.)

Before this order was entered  the court and/or  the prosecutor notified Respondent, orally and in writing, that the failure to make a good faith effort to seek voluntary treatment will result in the loss of Respondent's firearm rights if Respondent is detained for involuntary treatment as the result of a mental disorder.

- 3. Voluntary Treatment.**

Good Faith Voluntary: Respondent has alleged prior to the commencement of the hearing that the person has, in good faith, volunteered for treatment.

Petitioner has proven by a preponderance of the evidence that Respondent has not, in good faith, volunteered for appropriate treatment.

- 4. Reasons for Commitment.** Petitioner has proven by a preponderance of the evidence that Respondent suffers from the following behavioral health disorder/s. (Select all that apply:)

Substance use disorder: \_\_\_\_\_

Mental disorder: \_\_\_\_\_

(Check the boxes that apply and write facts in support below:)

#### Likelihood of serious harm or gravely disabled:

There is a substantial risk that Respondent, as the result of a behavioral health disorder:

will inflict physical harm upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm to themselves.

- will inflict physical harm upon another person, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm.
- will inflict physical harm to the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.
- Respondent, as the result of a behavioral health disorder, has threatened the physical safety of another, and has a history of one or more violent acts.
- Respondent's condition is such that Respondent, as the result of a behavioral health disorder:
  - is in danger of serious physical harm resulting from the failure to provide for their essential needs of health or safety.
  - manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over actions and is not receiving such care as is essential for health and safety.

Facts in support: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In need of assisted outpatient behavioral health treatment:**

- Respondent, as the result of a behavioral health disorder, is in need of assisted outpatient behavioral health treatment, based on evidence that Respondent:
  - has been committed by a court to detention for involuntary behavioral health treatment during the preceding 36 months (excluding confinement as a result of a criminal conviction);
  - is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of nonadherence with treatment or in view of the person's current behavior;
  - is likely to benefit from less restrictive alternative treatment;
  - requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in Respondent presenting a likelihood of serious harm or Respondent becoming gravely disabled within a reasonably short period of time; and
  - does not present a likelihood of serious harm and is not gravely disabled.

Facts in support: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Less Restrictive Alternative Treatment.**

- Less restrictive alternative treatment is in the best interest of the Respondent or

others. (Explain:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

Less restrictive alternative treatment is not in the best interest of the Respondent or others. (Explain:) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Adequate Space for Respondent's Substance Use Disorder Treatment.**

- A secure withdrawal management and stabilization facility with adequate space for Respondent  is available  is not available.
- An approved substance use disorder treatment program with adequate space for Respondent  is available  is not available.

7.  **Agreed Order.** Respondent, after consultation with counsel, agrees to the entry of this order.

8. **Other.** \_\_\_\_\_

**Conclusions of Law**

9. **Jurisdiction.** The court has jurisdiction over the parties and subject matter of this mental illness proceeding.

10. **Criteria.** Petitioner established by a preponderance of the evidence that Respondent:

- presents a likelihood of serious harm.
- is gravely disabled.
- is in need of assisted outpatient behavioral health treatment and Respondent does not present a likelihood of serious harm and is not gravely disabled.

**The Court Orders:**

11. **Involuntary Treatment** as follows:

**14-Day Commitment.** Respondent is to be detained for a period not to exceed 14 days of intensive inpatient treatment at the following facility certified to provide treatment by the Department of Health or under RCW 71.05.745. Initial treatment facility, if known:

Inpatient mental health treatment at: \_\_\_\_\_

Secure withdrawal management and stabilization facility at: \_\_\_\_\_

Approved substance use treatment program at: \_\_\_\_\_

Other: \_\_\_\_\_

Respondent may be referred during the commitment period to a different treatment

facility appropriate to the needs of Respondent without need for further court review.

**Escalation and Recapture.** If Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return Respondent to this treatment facility or to the evaluation and treatment facility designated by a designated crisis responder (DCR).

**Less Restrictive Treatment** as follows:

**90-Day Less Restrictive Alternative Treatment.** Respondent is released for less restrictive alternative treatment (LRA) for up to 90 days:

mental health treatment  substance use disorder treatment

**90-Day Assisted Outpatient Behavioral Health Treatment.** Respondent is released for assisted outpatient treatment on a less restrictive alternative (AOT) for up to 90 days:

mental health treatment  substance use disorder treatment

**LRA/AOT services and conditions:**

(Name) \_\_\_\_\_ is the behavioral health service provider responsible for identifying the services Respondent will receive in accordance with RCW 71.05.585.

The following treatment conditions or other conditions are in the best interest of Respondent and others:

\_\_\_\_\_

\_\_\_\_\_

Respondent must cooperate with the services planned by the mental health service provider.

**12. Violation and Hospitalization.** If a treatment agency or facility, or a designated crisis responder (DCR) determines that Respondent is not following the terms and conditions of this order, that substantial deterioration or substantial decompensation in Respondent's functioning has occurred, or that Respondent poses a likelihood of serious harm, they may take action to enforce, modify, or revoke the less restrictive alternative. If revocation procedures are begun under RCW 71.05.590, a hearing shall be held within five days to address the allegations and determine whether this order should be modified or whether Respondent should be returned to an evaluation and treatment facility for intensive inpatient treatment for the remainder of the treatment period.

*(If the current less restrictive alternative is solely based on Respondent being in need of assisted outpatient behavioral health treatment, then revocation proceedings are under RCW 71.05.590).*

**13.  Transportation.** Respondent is remanded into the custody of \_\_\_\_\_ for transportation and delivery to the treatment facility.

**14.  Concurrent Jurisdiction.** Respondent will receive treatment in \_\_\_\_\_ County and that county shall have concurrent jurisdiction with this county to consider any Petition for Revocation of this Order without further order of this court.

**15. Right to Full Hearing or Jury Trial.** If involuntary treatment beyond the 14-day period or beyond the 90 days of less restrictive treatment is to be sought, Respondent will have



the right to a full hearing or jury trial as required by RCW 71.05.310.

**16. Firearms Possession Prohibited.** (not applicable for persons committed for substance use disorder treatment)

Respondent shall immediately surrender any concealed pistol licenses, and Respondent may not possess a firearm unless Respondent's right to do so is restored by a court of record. The *Notice of Ineligibility to Possess a Firearm* is filed separately.

**17. Notice to the Department of Corrections.** If Respondent is, or becomes, subject to supervision by the Department of Corrections, Respondent must notify the treatment provider. The treatment provider must share Respondent's mental health treatment information and substance use disorder treatment information with the Department of Corrections for the duration of Respondent's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who does not have a history of **1** or more violent acts, the court may, for good cause, find that public safety would not be enhanced by the sharing of this information.

**18. The clerk of the court must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility:** \_\_\_\_\_

**19. [ ] Review hearing scheduled for (purpose):** \_\_\_\_\_

On: (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m .

At: \_\_\_\_\_ Court, Room/Department: \_\_\_\_\_

Address: \_\_\_\_\_

**20. Other.** \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form \_\_\_\_\_

Approved as to form \_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter

# Compare Results

Old File:

**MP 420 Findings Conclusions Order  
Committing Resp for IT 90 180 1Y\_2020 07.pdf**

**6 pages (362 KB)**  
7/2/2020 4:03:01 PM

versus

New File:

**MP 420 Find Concl Ord IT 90 180 1Y\_2021  
07.pdf**

**7 pages (374 KB)**  
7/21/2021 10:56:12 AM

## Total Changes

**172**

## Content

**56** Replacements

**65** Insertions

**31** Deletions

## Styling and Annotations

**20** Styling

**0** Annotations

[Go to First Change \(page 1\)](#)

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

<p>In re the Detention of:</p>  <hr style="width: 80%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right; margin-right: 20px;"><b>Respondent</b></p>	<p><b>Case No.</b> _____</p> <p><b>Findings, Conclusions, and Order Committing Respondent for Involuntary Treatment or Less Restrictive Treatment</b></p> <p>Clerk's Action Required: <input type="checkbox"/> 16, 17, <input type="checkbox"/> 18</p>
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<p><i>Select all that apply:</i></p>	
<p><input type="checkbox"/> <b>Mental Disorder</b></p> <p><input type="checkbox"/> 90-day involuntary inpatient treatment (ORDT90)</p> <p><input type="checkbox"/> 180-day involuntary inpatient treatment (ORDT180)</p> <p><input type="checkbox"/> 90-day LRA (ORDL90)</p> <p><input type="checkbox"/> 180-day LRA (ORDL180)</p> <p><input type="checkbox"/> One-year LRA (ORDL1Y)</p> <p><input type="checkbox"/> 90-day AOT (AOTL90)</p> <p><input type="checkbox"/> 180-day AOT (AOTL180)</p>	<p><input type="checkbox"/> <b>Substance Use Disorder</b></p> <p><input type="checkbox"/> 90-day involuntary inpatient treatment (ORDT90S)</p> <p><input type="checkbox"/> 180-day involuntary inpatient treatment (ORDT18S)</p> <p><input type="checkbox"/> 90-day LRA (ORDL90S)</p> <p><input type="checkbox"/> 180-day LRA (ORDL18S)</p> <p><input type="checkbox"/> One-year LRA (ORDL1YS)</p> <p><input type="checkbox"/> 90-day AOT (AOTL90S)</p> <p><input type="checkbox"/> 180-day AOT (AOTL18S)</p>
<p><b>LRA/AOT Expires on</b> _____.</p>	

**Hearing**

The court held a hearing on (date) \_\_\_\_\_ on the:

- Petition for  **90 Days**  **180 Days**  **1 Year** of involuntary treatment.
- Petition for Assisted Outpatient Behavioral Health Treatment.

At the hearing:

- Respondent  appeared  in person  by video **and** was represented by \_\_\_\_\_
- Respondent waived their appearance through counsel.
- A separate appearance waiver has been filed.** 

Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.

Petitioner appeared  in person  by video and was represented by \_\_\_\_\_

Guardian ad Litem (GAL)  appeared in person  appeared by video  waived appearance.

Guardian ad Litem (GAL) waived Respondent's appearance.

Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_

Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_

Agreed order.

In addition to the findings of fact and conclusions of law written below, the court incorporates by reference the oral findings of fact and conclusions of law.

### Findings of Fact

The court makes the following findings of fact:

1. **Reason/s for Commitment.** Petitioner has proven by clear, cogent, and convincing evidence that Respondent suffers from the following behavioral health disorder/s: *(Select all that apply):*

Substance use disorder: \_\_\_\_\_

Mental disorder: \_\_\_\_\_

**Felony Charges Dismissed.** Respondent was determined incompetent to stand trial and felony charges were dismissed. *(Select one or more options below.)*

Respondent committed the following acts \_\_\_\_\_, which constitute the felony of \_\_\_\_\_, and as a result of a behavioral health disorder, Respondent presents a substantial likelihood of repeating similar acts. RCW 71.05.320(1)(c). *(Write facts in support below.)*

The acts Respondent committed constitute a violent offense under RCW 9.94A.030. *(Write facts in support below.)*

Respondent is in continuing custody under RCW 71.05.280(3). The court previously found that the Respondent committed acts constituting the felony of \_\_\_\_\_, and as a result of a behavioral health disorder, Respondent continues to present a substantial likelihood of repeating acts similar to the charged criminal behavior. RCW 71.05.320(4)(c). *(Write facts in support below.)*

The acts Respondent committed constitute a violent offense under RCW 9.94A.030. *(Write facts in support below.)*

Facts in support: \_\_\_\_\_

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**Likelihood of Serious Harm.** *(Write facts in support below.)*

After having been taken into custody for evaluation and treatment, Respondent has threatened, attempted, or inflicted physical harm upon another person or themselves or substantial damage upon the property of another, and as a result of a behavioral health disorder, presents a likelihood of serious harm.

Respondent was taken into custody because Respondent attempted or inflicted physical harm on another person or themselves, or substantial damage on the property of others, and as a result of a behavioral health disorder, continues to present a likelihood of serious harm.

Facts in support: \_\_\_\_\_

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**Gravely Disabled.** *(Write facts in support below.)* As a result of a behavioral health disorder, Respondent:

is in danger of serious physical harm resulting from the failure to provide for their essential needs of health or safety; or

manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over actions, is not receiving such care as is essential for health and safety; harmful consequences will follow if involuntary treatment is not ordered and Respondent, due to a severe deterioration of mental functioning is unable to make a rational decision regarding the need for treatment.

Facts in support: \_\_\_\_\_

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In need of assisted outpatient behavioral health treatment. *(Write facts in support below.)* As a result of a behavioral health disorder, Respondent:

- has been committed by a court to detention for involuntary behavioral health treatment during the preceding 36 months (excluding confinement as a result of a criminal conviction);

- is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of nonadherence with treatment or in view of Respondent's current behavior;
- is likely to benefit from less restrictive alternative treatment; and
- requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in Respondent presenting a likelihood of serious harm or Respondent becoming gravely disabled within a reasonably short period of time.

Facts in support: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- An approved substance use disorder treatment program with adequate space for Respondent  is available  is not available.
- Respondent is being discharged from the hospital. Respondent's previous commitment term was for intensive inpatient treatment in a state hospital.

**3. Less Restrictive Alternative Treatment.**

- Less restrictive alternative treatment is in the best interest of Respondent or others.  
 OR
- Less restrictive alternative treatment is not in the best interest of Respondent or others. (*Explain:*) \_\_\_\_\_  
 \_\_\_\_\_

**4. Agreed Order.** Respondent, after consultation with counsel, agrees to the entry of this order.

**5. Other:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Conclusions of Law**

- 6. Jurisdiction.** The court has jurisdiction over the parties and subject matter of this behavioral health disorder proceeding.
- 7. Criteria.** Petitioner established by clear, cogent, and convincing evidence that the Respondent:
- presents/continues to present a likelihood of serious harm.
- presents/continues to present a substantial likelihood of repeating acts similar to committed acts constituting a felony which were charged and dismissed based on incompetence to stand trial.
- is/continues to be gravely disabled.
- is in need of assisted outpatient behavioral health treatment.

8. Other: \_\_\_\_\_  
\_\_\_\_\_

**The Court Orders**

9. **Involuntary Treatment** as follows:

**Inpatient Treatment.** The court orders  **90 days**  **180 days** of intensive inpatient treatment. Respondent is remanded into the custody of DSHS or to a facility certified by the Department of Health. **Initial treatment facility, if known:**

**Inpatient Mental Health Treatment at:** \_\_\_\_\_  
\_\_\_\_\_

**Substance Use Disorder Treatment Program at:** \_\_\_\_\_  
\_\_\_\_\_

**Other:** \_\_\_\_\_

Respondent may be referred during the commitment period to a different treatment facility appropriate to the needs of Respondent without need for further court review.

**Escape and Recapture.** If Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return Respondent to this treatment facility or to a facility designated by a **designated crisis responder.**

**Less Restrictive Treatment** as follows:

**Less Restrictive Alternative Treatment.** Respondent is released to less restrictive alternative treatment (LRA) for:

**90 days**  **180 days**  **1 year**

**Assisted Outpatient Behavioral Health Treatment.** Respondent is released for assisted outpatient treatment on a less restrictive alternative (AOT) for:

**90 days**  **180 days**

**LRA/AOT services and conditions:**

*(Name)* \_\_\_\_\_ is the behavioral health service provider responsible for identifying the services Respondent will receive in accordance with RCW 71.05.585.

Respondent must cooperate with the treatment planned by the behavioral health service provider.

**Appointment of a Transition Team.** Respondent was committed under RCW 71.05.280(3)(b) after committing acts constituting a violent felony, for which charges were dismissed based on incompetency to stand trial. Respondent is now being released from custody for a period of less restrictive alternative treatment. The court appoints a multidisciplinary transition team to supervise and assist Respondent, consisting of:

A representative of the community behavioral health agency providing treatment.

Name and contact information (if known): \_\_\_\_\_

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A specially trained community corrections officer. Name and contact information (if known): \_\_\_\_\_

or

The court does not appoint a community corrections officer because the appointment of a community corrections officer would not facilitate the success of the person, or the safety of the person and the community.

10. **Violation and Hospitalization.** If a treatment agency or facility, or a designated crisis responder determines that Respondent is not following the terms and conditions of this order, or that substantial deterioration or substantial decompensation in Respondent's functioning has occurred, or that Respondent poses a likelihood of serious harm, they may take action to enforce, modify, or revoke the less restrictive alternative. If revocation procedures are begun under RCW 71.05.590, a hearing shall be held within 5 days to address the allegations and determine whether this order should be modified or whether Respondent should be returned to an evaluation and treatment facility for intensive inpatient treatment for the remainder of the treatment period or for 14 days from the revocation hearing under RCW 71.05.590.

*(If the current less restrictive alternative is solely based on Respondent being in need of assisted outpatient behavioral health treatment, then revocation proceedings are under RCW 71.05.590).*

11.  **Transportation.** Respondent is remanded into the custody of \_\_\_\_\_ for transportation and delivery to the treatment facility.

12.  **For Revocation Hearings, Concurrent Jurisdiction:** Respondent will receive treatment in \_\_\_\_\_ County and that county shall have concurrent jurisdiction with this county to consider any Petition for Revocation of this Order without further order of this court.

13. **Right to Full Hearing or Jury Trial.** If a subsequent petition is filed seeking involuntary treatment beyond the 90 day / 180 day / 1-year period, Respondent will have the right to a full hearing or jury trial as required by RCW 71.05.310.

14. **Firearms Possession Prohibited.** (Not applicable for persons committed for substance use disorder treatment.) Respondent shall immediately surrender any concealed pistol license and Respondent may not possess a firearm unless Respondent's right to do so is restored by a court of record. The *Notice of Ineligibility to Possess a Firearm* is filed separately.

15. **Notice to the Department of Corrections.** If Respondent is, or becomes, subject to supervision by the Department of Corrections, Respondent must notify the treatment provider. The treatment provider must share Respondent's mental health treatment information and substance use disorder treatment information with the Department of Corrections for the duration of Respondent's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who does not have a history of 1 or more violent acts, the court may, for good cause, find that public safety would not be enhanced by the sharing of this information.

16.  **The jury trial** set in this matter is stricken.

17. **The clerk of the court** must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral



health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility: \_\_\_\_\_

18.  Review hearing scheduled for (purpose): \_\_\_\_\_  
On: (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
At: \_\_\_\_\_ Court, Room/Department: \_\_\_\_\_  
Address: \_\_\_\_\_

19. Other. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form

Approved as to form

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG  
WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Attorney for Respondent  
WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter

# Compare Results

Old File:

**MP 430\_71.05 findings-conclusions-order-authorizing-anti-psychotic-medication\_2021 01.pdf**

**3 pages (290 KB)**  
12/9/2020 11:06:08 PM

versus

New File:

**MP 430 Find Concl Ord Antipsychotic Med\_2021 07.pdf**

**3 pages (381 KB)**  
7/21/2021 9:14:48 AM

## Total Changes

**50**

## Content

**4** Replacements  
**16** Insertions  
**27** Deletions

## Styling and Annotations

**3** Styling  
**0** Annotations

[Go to First Change \(page 1\)](#)

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

<p>In re the Detention of:</p>  <hr/> <p style="text-align: right;">Respondent</p>	<p><b>Case No.</b> _____</p> <p><b>Findings, Conclusions, and Order Authorizing Administration of Anti-Psychotic Medications (ORAUMED)</b></p> <p><b>Clerk's Action Required: 14</b></p>
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**Hearing**

The court held a hearing on the petition to administer anti-psychotic medications filed by  
 Western State Hospital  Eastern State Hospital  \_\_\_\_\_.

The following people appeared at the hearing:


Respondent appeared  in person  by video  
**and** was represented by \_\_\_\_\_.

Respondent waived their appearance through counsel.

A separate appearance waiver has been filed.

Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.

Petitioner appeared  in person  by video  
**and** was represented by \_\_\_\_\_.

Guardian ad litem (GAL)  appeared in person  appeared by video  waived appearance.

Guardian ad litem (GAL) waived Respondent's appearance.

Witness \_\_\_\_\_ appeared  in person  by video or  
 under CR 43 by  telephone  \_\_\_\_\_.

Witness \_\_\_\_\_ appeared  in person  by video or  
 under CR 43 by  telephone  \_\_\_\_\_.

Agreed order.

The court considered the documents filed for this hearing, the testimony of witnesses, relevant court records, and argument of counsel.

**Findings of Fact.** The court makes the following Findings of Fact and finds by clear, cogent, and convincing evidence that:

1. **Notice** Respondent was provided all notice and statements of rights related to the petition, and that petition was filed on \_\_\_\_\_.

2. **Consent to treatment.**

Respondent did not consent to treatment with anti-psychotic medications.

3. **Medication Rights.**

Respondent was advised of their right to refuse medication 24 hours prior to the hearing on this petition and those rights were respected.

Anti-psychotic medications were administered 24 hours prior to this hearing over the refusal of Respondent and under circumstances which constituted an emergency.

4. **Reasons for the Use of Anti-Psychotic Medication** Petitioner/s have a compelling interest in administering anti-psychotic medication to Respondent because the failure to medicate (*check all that apply*):

may result in a likelihood of serious harm.

may result in substantial deterioration.

may substantially prolong the length of involuntary commitment.

There is no less intrusive course of treatment than medication, in the best interest of Respondent. Explain:

\_\_\_\_\_  
\_\_\_\_\_

5. **Medically Acceptable Alternative Treatment is Unavailable.** Anti-Psychotic medication is a necessary and effective treatment for Respondent, as evidenced by Respondent's prognosis with and without the treatment. Medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Rational Decision** Respondent would consent to being treated with anti-psychotic medication if Respondent were capable of making a rational and informed decision concerning treatment. This court is substituting its judgment for that of Respondent's.

7.  **Agreed Order.** Respondent, after consultation with counsel, agrees to the entry of this order.

8. **Other.** \_\_\_\_\_

**Conclusions of Law.** The court makes the following Conclusions of Law:

- 9. **Jurisdiction.** The court has jurisdiction over the person and subject matter in this case. The Petition to Administer Anti-Psychotic Medication was filed in a timely manner.
- 10. Respondent may be involuntarily treated with anti-psychotic medication and side effect medication at clinically appropriate levels, over Respondent's objections and express refusal for the period of the current involuntary treatment order, and any interim period during which Respondent is awaiting trial or a hearing on a new petition for involuntary treatment or involuntary medication.
- 11. **Other.** \_\_\_\_\_.

**Order.** The court orders:

- 12. **Anti-Psychotic Medication.** Petitioner and the hospital and/or other treatment providers are authorized to administer:  
[ ] Anti-psychotic medications as requested in the petition; or  
[ ] \_\_\_\_\_  
and side effect medications at clinically appropriate levels to Respondent, over Respondent's objections and express refusal.
- 13. **Duration.** Anti-psychotic medication is authorized for the period of the current involuntary treatment order, and any interim period during which Respondent is awaiting trial or a hearing on a new petition for involuntary treatment or involuntary medication.
- 14. The clerk of the court must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility: \_\_\_\_\_  
\_\_\_\_\_.
- 15. **Other.** \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form

Approved as to form

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG  
WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Attorney for Respondent  
WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter

# Compare Results

Old File:

**MP 441 Order of Continuance\_2020 06.pdf**

**3 pages (46 KB)**

6/9/2020 11:21:38 PM

versus

New File:

**MP 441 Order of Continuance\_2021 07.pdf**

**3 pages (292 KB)**

7/21/2021 9:39:01 AM

## Total Changes

**130**

## Content

**20** Replacements

**23** Insertions

**12** Deletions

## Styling and Annotations

**75** Styling

**0** Annotations

[Go to First Change \(page 1\)](#)

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

<p>In re the Detention of:</p>  <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: right; margin-right: 20px;">Respondent</p>	<p><b>Case No.</b> _____</p> <p><b>Order of Continuance (ORCNT)</b></p> <p>New Hearing Date: _____</p> <p>Type of Hearing:</p> <p><input type="checkbox"/> 14-day <input type="checkbox"/> 90-day <input type="checkbox"/> 180-day</p> <p><input type="checkbox"/> 1-Year <input type="checkbox"/> AOT</p> <p><input type="checkbox"/> Revocation</p> <p><input type="checkbox"/> Medication</p> <p><input type="checkbox"/> Trial Setting</p> <p><input type="checkbox"/> Jury Trial</p> <p><input type="checkbox"/> Other: _____</p> <p>Clerk's Action Required: 6</p>
--	--

1. The court considered the motion of the:
- Respondent  Petitioner  Parties  Court
- for a continuance, and:
- Respondent appeared  in person  by video  
**and** was represented by \_\_\_\_\_
- Respondent waived their appearance through counsel.
- A separate appearance waiver has been filed.
- Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.
- Petitioner appeared  in person  by video  
**and** was represented by \_\_\_\_\_
- Guardian ad Litem (GAL) appeared in person  appeared by video  waived

appearance.

Guardian ad Litem (GAL) waived Respondent's appearance

Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_

Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_

Agreed order.

2. The court finds it is appropriate to:

continue or  postpone this proceeding for a reasonable time on the motion of the:

Respondent for good cause

or

Prosecuting Attorney  Attorney General

and because at least one of the following conditions exists:

Respondent expressly consents to a continuance or delay and there is a showing of good cause.

A continuance is required in the proper administration of justice and Respondent will not be substantially prejudiced in the presentation of Respondent's case.

continue a hearing on a petition filed under RCW 71.05.280 for good cause based on the written request of  Petitioner  Respondent  Respondent's Attorney.

continue the case on the court's motion, required in the due administration of justice, and Respondent will not be substantially prejudiced in the presentation of Respondent's case.

The court has stated the grounds for continuance or postponement in its selection above and adds the following information, if any:

\_\_\_\_\_  
\_\_\_\_\_

3.  The court also finds that detention  should be extended  should not be extended.

4. The court finds an:

Agreed Order. Respondent, after consultation with counsel, agrees to the entry of this order.

5. The court orders that the:

14 Day  90 Day  180 Day  1 Year  AOT  Revocation  Medication  Trial Setting  Other \_\_\_\_\_

hearing is continued until (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Respondent shall:

Remain in more restrictive treatment in the custody of:

\_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respondent is remanded into the custody of \_\_\_\_\_  
for transportation and delivery to the treatment facility.

**Escape and Recapture.** Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return Respondent to the treatment facility or to a facility designated by a designated crisis responder.

Respondent shall remain in less restrictive treatment on conditions of the less restrictive treatment alternative order, dated \_\_\_\_\_, pending the hearing and shall appear for the next set court date at: \_\_\_\_\_.

6. The clerk of the court must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility: \_\_\_\_\_

7.  Other. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form \_\_\_\_\_

Approved as to form \_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter

7/21/2021 1:48:21 PM

# Compare Results

Old File:

**MP 445 Order Setting Trial Date\_2020 06.pdf**

**2 pages (17 KB)**

6/9/2020 11:22:22 PM

versus

New File:

**MP 445 Order Setting Trial Date\_2021 07.pdf**

**2 pages (113 KB)**

7/21/2021 10:57:24 AM

## Total Changes

**84**

## Content

**14** Replacements

**13** Insertions

**8** Deletions

## Styling and Annotations

**49** Styling

**0** Annotations

[Go to First Change \(page 1\)](#)

**Superior Court of Washington**

**County of** \_\_\_\_\_

<p>In re the Detention of:</p>  <hr/> <p style="text-align: right;">Respondent</p>	<p><b>Case No.</b> _____</p> <p><b>Order Setting Trial Date (ORSTD)</b></p> <p>Next Court event:</p> <p>Type: _____</p> <p>Date: _____</p> <p>Time: _____</p> <p>Courtroom: _____</p> <p><input type="checkbox"/> Jury Trial <input type="checkbox"/> Bench Trial</p> <p><input type="checkbox"/> Interpreter Required: (language) _____</p> <p>Clerk's Action Required: 3</p>
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**Hearing**

A petition for:  **90 days**  **180 days**  **1 year** of Involuntary Treatment  
 Assisted Outpatient Behavioral Health Treatment

has been filed in this proceeding. Petitioner requested an order setting trial date and continuing treatment of Respondent during this proceeding.

At the hearing:

Respondent appeared  in person  by video  
**and** was represented by \_\_\_\_\_

Respondent waived their appearance through counsel.

A separate appearance waiver has been filed.

Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.

Petitioner appeared  in person  by video  
**and** was represented by \_\_\_\_\_

Guardian ad litem (GAL)  appeared in person  appeared by video  waived appearance.

Guardian ad litem (GAL) waived Respondent's appearance

Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_

Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_

## Order

The court orders:

1. **Trial Date.**

A  Jury Trial  Bench Trial is scheduled as indicated above.

2.  **Inpatient/Outpatient Treatment.** Pending trial or further order of this court,

Respondent shall continue to be detained for involuntary inpatient treatment until released by this treatment facility, or  Respondent is currently participating in outpatient treatment, Respondent shall continue to abide by the conditions of the less restrictive alternative treatment order/conditional release dated \_\_\_\_\_, and shall receive treatment and care as their condition requires.

Beginning 24 hours before a trial or hearing under RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may refuse psychiatric medication, but may not refuse any other medication previously prescribed by a person licensed under Title 18 RCW, or emergency lifesaving treatment and the individual shall be informed at an appropriate time of their right to refuse.

3. The **clerk of the court** must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form

Approved as to form

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter

# Compare Results

Old File:

**MP 450\_71.05 order-for-dismissal\_2021 01.pdf**

**2 pages (203 KB)**

12/9/2020 11:15:05 PM

versus

New File:

**MP 450 Order for Dismissal\_2021 07.pdf**

**3 pages (293 KB)**

7/21/2021 9:54:05 AM

## Total Changes

**49**

## Content

**8** Replacements

**19** Insertions

**13** Deletions

## Styling and Annotations

**9** Styling

**0** Annotations

[Go to First Change \(page 1\)](#)

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

In re the Detention of:  _____ Respondent	<b>Case No.</b> _____ <b>Order for Dismissal (ORDSM)</b> <b>Clerk's action required:</b> <input type="checkbox"/> 7, <input type="checkbox"/> 9, 10
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A petition was filed in this case for:

- 120 hours  14 Days  90 Days  180 Days  1 Year of involuntary treatment.
- Revocation** of a less restrictive alternative treatment **order/conditional** release filed in this proceeding.
- Involuntary** administration of anti-psychotic medications.
- Petitioner requested a voluntary dismissal pursuant to CR 41.
- Respondent requested a dismissal on the following basis:
  - Petitioner failed to meet the burden of proof.
  - Respondent accepted voluntary treatment.
  - Petitioner did not submit a petition for 14-day involuntary treatment.
  - Other: \_\_\_\_\_

The following people were present at the hearing:

- Respondent appeared  in person   by video **and** was represented by \_\_\_\_\_.
- Respondent waived their appearance through counsel.
  - A separate appearance waiver has been filed.
  - Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.
- Petitioner appeared  in person  by video **and** was represented by \_\_\_\_\_.
- Guardian ad litem (GAL)  appeared in person  appeared by video  waived appearance.

- Guardian ad litem (GAL) waived Respondent's appearance.
- Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_.
- Witness \_\_\_\_\_ appeared  in person  by video or  under CR 43 by  telephone  \_\_\_\_\_.
- Agreed order.

**Findings of Fact**

The court makes the following findings of fact (*check all that apply*):

- 1.  No petition for 14-day commitment was filed.
- 2.  Following a hearing, the Petitioner has failed to meet their burden of proof to establish a need for detention, revocation, involuntary medication, or treatment in a less restrictive alternative.
- 3.  Upon motion, it is appropriate to dismiss the petition without a hearing  based on the stipulation of the parties or  for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_
- 4.  Respondent was not committed for involuntary treatment under RCW 71.05.240 and was initially detained on (*date*) \_\_\_\_\_ on the grounds that the Respondent presents a likelihood of serious harm.
- 5.  Agreed Order. Respondent, after consultation with counsel, agrees to the entry of this order.
- 6.  Other. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Court Orders:**

- 7.  The petition is dismissed.
- 8.  A less restrictive alternative treatment order dated \_\_\_\_\_ remains in effect.
- 9.  **(Check only if #4 is selected above.)** The **clerk of the court** is directed to forward a copy of Respondent's driver's license, identicaid, or comparable information (name, address, and date of birth) and the date of release from the facility to the Department of Licensing and Washington State Patrol.

**Submit to:** Department of Licensing, Business & Professions Firearms Unit, [firearms@dol.wa.gov](mailto:firearms@dol.wa.gov) (PO Box 9649, Olympia, WA 98507-9649) and Washington State Patrol, [ota@wsp.wa.gov](mailto:ota@wsp.wa.gov) (Attn: ACCESS Section, PO Box 42619, Olympia, WA 98501).

- 10. The **clerk of the court** must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is

located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility: \_\_\_\_\_

11. Other. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form

Approved as to form

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter



# Compare Results

Old File:

**MP 460 Order Revoking LRA Treatment  
Conditional Release\_2021 01.pdf**

**4 pages (384 KB)**  
12/9/2020 11:28:16 PM

versus

New File:

**MP 460 Order Revoking LRA Trtmt Cond  
Release\_2021 07.pdf**

**4 pages (386 KB)**  
7/21/2021 10:49:43 AM

## Total Changes

**48**

## Content

**9** Replacements  
**21** Insertions  
**14** Deletions

## Styling and Annotations

**4** Styling  
**0** Annotations

[Go to First Change \(page 1\)](#)

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

In re the Detention of:  _____ Respondent	<b>Case No.</b> _____  <b>Order Revoking Less Restrictive Alternative Treatment / Conditional Release (ORLRAT)</b>  <b>Clerk's Action Required: 10</b>
--	--

**Hearing**

The court held a hearing on the  petitioner/s'  court's revocation petition/motion in this case.

The following people were present at the hearing:

Respondent appeared  in person  by video

**and** was represented by \_\_\_\_\_.

Respondent waived their appearance through counsel.

A separate appearance waiver has been filed.

Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.

Petitioner appeared  in person  by video

**and** was represented by \_\_\_\_\_.

Guardian ad litem (GAL)  appeared in person  appeared by video  waived appearance.

Guardian ad litem (GAL) waived Respondent's appearance.

Witness \_\_\_\_\_ appeared  in person  by video or

under CR 43  by telephone  \_\_\_\_\_.

Witness \_\_\_\_\_ appeared  in person  by video or

under CR 43  by telephone  \_\_\_\_\_.

Agreed order.

In addition to the written findings of fact and conclusions of law, the court incorporates by

reference the oral findings of fact and conclusions of law.

### **Findings of Fact**

1. The court reviewed the relevant court file and received testimony, if any, and finds by clear, cogent, and convincing evidence that:
  - Waiver of Hearing.** Respondent waives **having a** hearing on the revocation petition and agrees to hospitalization.
  - Less Restrictive Alternative (LRA) Based on Felony Charges, Likelihood of Harm, Gravely Disabled:**
    - Violation of Order.** Respondent violated the terms and conditions of the order and judgment for less restrictive alternative treatment/conditional release entered into on \_\_\_\_\_ by: \_\_\_\_\_
    - Substantial Deterioration of Functioning.** A substantial deterioration of the Respondent's functioning has occurred.
    - Substantial Decompensation.** Respondent has suffered substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment.
    - Likelihood of Serious Harm.** Respondent poses a likelihood of serious harm.
  - LRA Based On Assisted Outpatient Behavioral Health Treatment.** As a result of a behavioral health disorder:
    - Likelihood of Serious Harm.**
      - There is a substantial risk that Respondent:
        - will inflict physical harm upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm to themselves.
        - will inflict physical harm upon another person, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm.
        - will inflict physical harm on the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.
      - The person has threatened the physical safety of another and has a history of one or more violent acts.
    - Gravely Disabled.** Respondent is gravely disabled.
      - Respondent is in danger of serious physical harm resulting from a failure to provide for their essential human needs of health or safety.
      - Respondent manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over their actions and is not receiving such care as is essential for their health or safety.

**Treatment.** After considering less restrictive alternatives to involuntary detention and treatment, no such alternatives are in the best interests of Respondent or others. There are no viable modifications to the less restrictive alternative treatment order that are in the best interests of Respondent or others. The best interests of Respondent and

others would be served if Respondent was committed for inpatient treatment.

**2. Adequate Space for Respondent's Substance Use Disorder Treatment.**

A secure withdrawal management and stabilization facility with adequate space for Respondent  is available  is not available.

An approved substance use disorder treatment program with adequate space for Respondent  is available  is not available.

**3.  Agreed Order.** Respondent, after consultation with counsel, agrees to the entry of this order.

**4. Other.** \_\_\_\_\_  
\_\_\_\_\_

**Conclusions of Law**

The court makes the following conclusions of law:

**5. Jurisdiction.** The court has jurisdiction over the parties and subject matter of this mental illness proceeding.

**6. Commitment for Inpatient Treatment.** The court should order Respondent committed for a period of inpatient treatment.

**7. Other.** \_\_\_\_\_  
\_\_\_\_\_

**Orders**

The court orders:

**8. Remand and Commitment.** Respondent is remanded into the custody of the Department of Social and Health Services (DSHS) or to a facility certified by the Department of Health for commitment:

Inpatient mental health treatment at: \_\_\_\_\_  
\_\_\_\_\_

Secure withdrawal management and stabilization facility at: \_\_\_\_\_  
\_\_\_\_\_

Approved substance use disorder treatment program at: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

for a period not to exceed (select one):

(check only if LRA was based on an initial detention petition or a 14-day inpatient treatment/90-day less restrictive treatment petition.)

14 days from (date of revocation hearing): \_\_\_\_\_

(check only if LRA was based on a 90-day or 180-day inpatient treatment or less restrictive treatment petition.)

(number of days remaining on the LRA): \_\_\_\_\_ days

9. **Escape and Recapture.** If Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return Respondent to the treatment facility or to the evaluation and treatment facility designated by a designated crisis responder.

[ ] **Transportation** Respondent is remanded into the custody of: \_\_\_\_\_ for transportation and delivery to the treatment facility.

10. The clerk of the court must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility: \_\_\_\_\_

11. **Other.** \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved as to form

Approved as to form

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter

# Compare Results

Old File:

**MP 470\_71.05 Order After Review Under RCW  
71.05.235\_2021 01.pdf**

**2 pages (105 KB)**  
12/9/2020 11:40:17 PM

versus

New File:

**MP 470 Order After Review Under RCW  
71.05.235\_2021 07.pdf**

**2 pages (282 KB)**  
7/21/2021 12:43:28 PM

## Total Changes

**37**

## Content

**8** Replacements

**13** Insertions

**13** Deletions

## Styling and Annotations

**3** Styling

**0** Annotations

[Go to First Change \(page 1\)](#)

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

<p>In re the Detention of:</p>  <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: right; margin-right: 20px;">Respondent</p>	<p><b>Case No.</b> _____</p> <p><b>Order After Review under RCW 71.05.235</b> <input type="checkbox"/> <b>ODCLD</b> (released) <input type="checkbox"/> <b>ORDRSP</b> (detained)</p> <p>Clerk's Action Required: <input type="checkbox"/> 2, <input type="checkbox"/> 3, 4</p>
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**Introduction**

1. Respondent was charged with the misdemeanor of \_\_\_\_\_, a serious offense, in \_\_\_\_\_ court, case number \_\_\_\_\_. The court dismissed the charges after finding that Respondent was incompetent to stand trial.

**Findings of Fact and Court Orders**

2.  The designated crisis responder (DCR) evaluated Respondent for a civil commitment evaluation under 71.05 RCW. The court reviewed the DCR's transmittal letter dated \_\_\_\_\_ advising the court of the decision not to detain Respondent or file a petition for a 90-day less restrictive alternative.

The court finds that:

- Respondent should not be evaluated at an evaluation and treatment facility.  
 Respondent should be evaluated at an evaluation and treatment facility because:

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The court orders that:

- Respondent will not be detained at an evaluation and treatment facility. **(ODCLD)**  
 Respondent is detained at the \_\_\_\_\_

evaluation and treatment facility for up to 120 hours for evaluation and treatment. (ORDRSP)

[ ] Respondent is remanded into the custody of \_\_\_\_\_ for transportation and delivery to the evaluation and treatment facility. (ORDRSP)

3. [ ] Respondent was detained at an evaluation and treatment facility for 120 hours for a civil commitment evaluation. The court reviewed a transmittal letter dated \_\_\_\_\_ advising the court of the recommendation to release

Respondent.

The court finds that:

[ ] Respondent should be unconditionally released.

[ ] Respondent should not be unconditionally released because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The court orders:

[ ] Respondent is unconditionally released. (ODCLD)

[ ] Respondent is detained at the \_\_\_\_\_ evaluation and treatment facility for up to 120 hours for evaluation and treatment. (ORDRSP)

[ ] Respondent is remanded into the custody of \_\_\_\_\_ for transportation and delivery to the evaluation and treatment facility. (ORDRSP)

4. The court orders that the clerk of the court must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility:

\_\_\_\_\_

Dated: \_\_\_\_\_

Judge / Commissioner

Approved as to form

Approved as to form

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

\_\_\_\_\_  
Interpreter



# Compare Results

Old File:

**MP 01.0600 Joel's Law Petition for Initial  
Detention by Family Guardian...Packet\_2021  
01.pdf**

**13 pages (530 KB)**  
12/10/2020 1:06:05 AM

versus

New File:

**MP 01.0600 Joel's Law Petition for Initial  
Detention by Family Guardian...Packet\_2021  
07.pdf**

**13 pages (532 KB)**  
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## Total Changes

**120**

## Content

**45** Replacements  
**41** Insertions  
**12** Deletions

## Styling and Annotations

**22** Styling  
**0** Annotations

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# Joel's Law Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe

This packet contains the:

- User Guide
- Petition
- Declaration

Mandatory Forms in Washington State Courts



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

July 2021

## **User Guide for the Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe**

### **What is a Petition for Initial Detention by Family, Guardian, Conservator, or Federal Recognized Indian Tribe?**

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 a 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. 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**

"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, brother, or sister of the person that is the subject of the <i>Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe</i> .
A guardian is a person appointed by a court to manage someone's person or estate.
A conservator is a person appointed by a court to manage someone's daily and/or financial affairs.

“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 directing the DCR to file a Petition for Assisted Outpatient Behavioral Health Treatment;OR
  - 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

**Case No.**

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

**Petition for Initial Detention by  
Family, Guardian, Conservator, or  
Federally Recognized Indian Tribe  
(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 Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe.

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 the Respondent.

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

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

I am the Respondent’s:

spouse  domestic partner  child  stepchild

parent  brother  sister  stepparent  grandparent

guardian\*  conservator\*

\*The Guardianship/Conservator case number is \_\_\_\_\_ and it is filed in \_\_\_\_\_ County Superior Court.

I am an authorized representative of a federally recognized Indian tribe, of which the 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 of DCR and agency: \_\_\_\_\_

\_\_\_\_\_

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

What happened:

*(PMIR)* [ ] The DCR investigated the Respondent on *(date)* \_\_\_\_\_ and decided not to detain the 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 the 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 Petition for  
Initial Detention by Family, Guardian,  
Conservator, or Federally Recognized  
Indian Tribe  
(DCLR)**

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

My relationship to the Respondent is *(for example: spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, brother, sister, guardian/conservator, 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 the 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 the 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 the 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 the 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 the 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 the Respondent without treatment?  
[ ] yes [ ] no [ ] don't know

**Refused evaluation and treatment:** Has the 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, the Respondent told you the information, or you saw the Respondent do the things you are describing):

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**Past Behaviors or Actions**

Does the Respondent have a history of one or more violent acts (for example, within the last 10 years, has the Respondent killed or caused nonfatal injuries to someone, attempted to kill themselves, or caused substantial damage to property)?  yes  no  don't know

Are the symptoms and behaviors you described above closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or 1 or more violent acts (for example, is the Respondent acting now in a way that 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 the Respondent (for example, is the Respondent's behavior or symptoms worse compared to how the 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 the Respondent probable (for example, will the 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, the Respondent told you the information, or you saw the 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, the 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, the Respondent told you the information, or you saw the 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 the 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 the 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 the 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 the 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 the 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date: \_\_\_\_\_

 \_\_\_\_\_ *Print name* \_\_\_\_\_

*Sign here*

# Compare Results

Old File:

**MP 01.0700 Joels Law Order For Initial Detention or DCR Petition\_2021 01.pdf**

**6 pages (233 KB)**  
12/10/2020 12:27:13 AM

versus

New File:

**MP 01.0700 Joels Law Order For Initial Detention or DCR Petition\_2021 07.pdf**

**6 pages (285 KB)**  
7/21/2021 1:18:58 PM

## Total Changes

**120**

## Content

**50** Replacements  
**36** Insertions  
**25** Deletions

## Styling and Annotations

**9** Styling  
**0** Annotations

[Go to First Change \(page 1\)](#)

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

In re the detention of

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

\_\_\_\_\_  
Petitioner

**Case No.**

**Joel's Law Order**

**For DCR to File Petition for Assisted Outpatient Behavioral Health Treatment (ORDFAOT)**



**For Initial Detention (ORDTCOC)**

   **Clerk's Action Required: 9 , 10**

**Basis**

1. On (date) \_\_\_\_\_, a Petition was filed by an immediate family member/s, guardian, or conservator of the Respondent, or a federally recognized Indian tribe of which the Respondent is a member, for the involuntary detention of the Respondent.
2. On (date) \_\_\_\_\_, the Court found sufficient evidence to support the allegation and ordered the designated crisis responder (DCR) agency to provide a written sworn statement describing the basis for the decision not to seek initial detention and a copy of all information material to that decision within 1 judicial day.

**Findings of Fact**

3. **Jurisdiction:** The Court has jurisdiction over the person and subject matter of this action.
4. The Court has reviewed the following:
  - Petition for Initial Detention by Immediate Family Member, Guardian, Conservator, or Federally Recognized Indian Tribe. 
  -   Declaration/s of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Written sworn statement of the designated crisis responder.

Other:

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5. A review of the Petition shows that there is sufficient evidence to conclude that Petitioner is an immediate family member, the guardian, the conservator of the Respondent, or a federally recognized Indian tribe of which the Respondent is a member. A review of the Petition and all of the supporting documentation shows sufficient evidence to support the allegation/s as follows:

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6. The Respondent has a behavioral health disorder history consisting of (insert facts specific to this case):

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7.  An immediate family member, guardian, conservator of the Respondent, or a federally recognized Indian tribe of which the Respondent is member, filed a Petition in accordance with RCW 71.05.201 or 71.34.710.
- There is probable cause to order the DCR to file a petition for assisted outpatient behavioral health treatment because the Respondent, as a result of a
- mental disorder
  - substance use disorder
  - co-occurring disorder:
    - has been committed by a court to detention for involuntary behavioral health treatment during the preceding 36 months;
    - is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment based on a history of nonadherence with threat or in view of the Respondent's current behavior;
    - is likely to benefit from less restrictive alternative treatment; and/or
    - requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the Respondent presenting a likelihood of serious harm or the Respondent becoming gravely disabled within a reasonably short period of time.
- There is probable cause to support an order to detain the Respondent pursuant to the petition because *(check all that apply)*:
- The Respondent presents a likelihood of serious harm. There is a substantial risk that the Respondent, as a result of a
    - mental disorder
    - substance use disorder
    - co-occurring disorder *(check all that apply)*:
      - presents a likelihood of serious physical harm to themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm on themselves;
      - presents a likelihood of serious physical harm to others, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm;
      - presents a likelihood of serious physical harm to the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others;
  - The Respondent presents a likelihood of serious harm. The person has threatened the physical safety of another and has a history of 1 or more violent acts.
  - The Respondent is gravely disabled, and as a result of a
    - mental disorder
    - substance use disorder
    - co-occurring disorder *(check all that apply)*:
      - is in danger of serious physical harm resulting from a failure to provide for their essential human needs of health or safety.
      - manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over their actions and is not receiving such care as is essential for their health or safety.
  - The Respondent has refused or failed to accept appropriate evaluation and treatment voluntarily.
  - A DCR has not filed a petition for initial detention of the Respondent under

RCW 71.05.150, 71.05.153, or 71.34.700.

**Conclusions of Law**

8. On the basis of the foregoing Findings of Fact, the Court makes the following Conclusions of Law:

- The Court has jurisdiction over the Respondent and subject matter of this action;
- Probable cause exists to order:
  - the DCR to file a petition for assisted outpatient behavioral health treatment (RCW 71.05.201);
  - the Respondent be detained to an  evaluation and treatment facility  secure withdrawal management and stabilization facility  approved substance use disorder treatment program for no more than 120 hours (excluding Saturdays, Sundays, and legal holidays) of evaluation and treatment pursuant to ch. 71.05 or 71.34 RCW;
- Respondent has refused or failed to accept evaluation and treatment voluntarily.

**Order**

9. The court orders the following:

The DCR is directed to file a Petition for Assisted Outpatient Behavioral Health Treatment. **(ORDFAOT)**

For Initial Detention of a Person 18 Years or Older: **(ORDTCOC)**

- The Respondent shall be detained for initial detention by a DCR and delivered to a facility or emergency room determined by the DCR pursuant to ch. 71.05 RCW.
- The **clerk of the court** is directed to transmit a copy of this Order to the DCR Agency. Law Enforcement shall apprehend and deliver the Respondent to a facility or emergency room determined by the DCR. This Order expires 180 days from the date of issuance.
- Unless further evaluation and treatment is sought, the Respondent shall be released from the evaluation and treatment facility not more than 120 hours from the time of detention. The 120 hours shall exclude Saturdays, Sundays, and holidays.
- At the time the Respondent is taken into custody, the Respondent shall be served with a copy of the following original documents:
  - Petition for Initial Detention and any Declarations filed with the Petition,
  - Declaration of the DCR and any materials filed with the Declaration/s,
  - This Order, and the Order directing action and today's hearing, and
  - Notice of Rights.

For Initial Detention of an Adolescent: **(ORDTCOC)**

- The Respondent shall be detained for initial detention by a DCR and delivered to a facility determined by the DCR under ch. 71.34 RCW.
- The clerk of the court is directed to transmit a copy of this Order to the DCR

Agency. Law Enforcement shall apprehend and deliver the Respondent to a facility determined by the DCR. This Order expires 180 days from the date of issuance.



- Unless further evaluation and treatment is sought, the Respondent shall be released from the evaluation and treatment facility not more than 120 hours from the time of detention. The 120 hours shall exclude Saturdays, Sundays, and holidays.
  - At the time the Respondent is taken into custody, the Respondent shall be served with a copy of the following original documents:
    - Petition for Initial Detention and any Declarations filed with the Petition,
    - Declaration of the DCR and any materials filed with the Declaration/s,
    - This Order, and the Order directing action and today's hearing, and
    - Notice of Rights.
10. The clerk of the court must share hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes for cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. Name of Facility:

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### **Notice of Rights**

11. The Respondent is given notice of the following rights:
- You have the right to communicate with an attorney immediately and the right to have an attorney represent you before and during any court hearing, and to have such attorney appointed if you cannot afford one and the right to know the name and address of said attorney. You are entitled to contact an attorney of your choosing, or in place thereof, an attorney will be appointed to represent you.
  - You have the right to remain silent, as any statement you make may be used against you.
  - You have the right to present evidence and to cross-examine witnesses who may testify about you at any probable cause hearing.
  - You have the right to a judicial hearing in a court of law within the next 120 hours (excludes Saturday, Sunday, and legal holidays) to determine whether there is probable cause to commit you for further mental health treatment for up to 14 days of inpatient or 90 days of outpatient treatment, as you are a person whose behavioral health disorder presents a likelihood of serious harm to yourself or others, or that you are gravely disabled.
- (Commitment for 90 days of outpatient treatment is not an option for adolescents detained under RCW 71.34.)
- You have the right to apply for voluntary admission for treatment of a behavioral health disorder.

- You have the right, within 24 hours of admission, to be examined and evaluated by a physician, physician assistant, or advanced registered nurse practitioner, and a mental health or substance use disorder professional and you shall receive such treatment and care as your condition requires for the period that you are detained.
- You have the right to have reasonable precautions taken when your personal property is taken for inventory and safeguarding at the time you are involuntarily admitted to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. A copy of the inventory, signed by the staff member making it, will be given to you and will also be open to inspection by any responsible relative, subject to any limitations you may impose. "Responsible relative" includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the person. The facility will not disclose the contents of the inventory to any other person without your consent or an order of the court.
- If you are age 18 or older, you have the right to dispose of property and to sign contracts unless you have been adjudicated incompetent in a court proceeding directed to that particular issue.
- You have the right to refuse psychiatric medication, including antipsychotic medication, beginning 24 hours prior to the probable cause hearing, except for adolescents detained under ch. 71.34 RCW. You also have the right to refuse the performance of electroconvulsive therapy or surgery, except emergency lifesaving surgery, unless ordered by a court of competent jurisdiction under the appropriate legal standards and procedures.
- If antipsychotic medications are administered in an emergency, you have the right to a review of that decision within 24 hours.
- You have the right not to have psychosurgery performed on yourself under any circumstances.
- You have the right to receive the necessary papers pursuant to the law.
- Except when deprivation is essential to protect your safety or the safety of others, you have the right to:
  - wear your own clothes, and to keep and use your own personal possessions.
  - keep and be allowed to spend a reasonable sum of your own money for canteen expenses and small purchases.
  - have access to individual storage space for your private use.
  - have visitors at reasonable times.
  - have reasonable access to a telephone, to both make and receive confidential calls.
  - have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mail.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge / Court Commissioner**