Superior Court of Washington, County of _____

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

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.

RCW 71.05.590, .740; CR 43
(06/2022)
MP 460

Order Revoking Less Restrictive Alt.
Treatment / Cond. Release
p. 1 of 4

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 *(date)* _____ by *(court)*: _____
_____.

        [ ] **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.

        [ ] **Gravely Disabled.** As a result of a behavioral health disorder, Respondent:

            [ ] 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.

    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 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 disorder 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 or conditional release was based on a petition for treatment under RCW 71.05.148, 71.05.160, or 71.05.230*)

14 days from *(date of revocation hearing):*

[ ] (*check only if LRA or conditional release was based on the need for additional treatment under RCW 71.05.290 or 71.05.320*)

(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 *(name of jail/detention center):* _____ for transportation and delivery to the treatment facility.

10. The **clerk of the court** must share commitment 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 cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. **Name of Facility:**

.

11. **Other.**

.

RCW 71.05.590, .740; CR 43
(06/2022)
MP 460

Order Revoking Less Restrictive Alt.
Treatment / Cond. Release
p. 3 of 4

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