

\_\_\_\_\_ Court of Washington, County of \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

vs.

\_\_\_\_\_  
Defendant

DOB: \_\_\_\_\_

No.

**Order Appointing a Forensic Navigator  
(ORAPFN)**

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## Order Appointing a Forensic Navigator

**Note:** Forensic Navigator services are being phased in over several years. These services may not be available in your area. Before appointing a Forensic Navigator, please check with the Department of Social and Health Services' Office of Forensic Mental Health Services (OFMHS) to determine availability before issuing an Order Appointing a Forensic Navigator.

### Motion

1. The court has received a motion to appoint a Forensic Navigator for the defendant.

### Findings of Fact

2. The court finds that it is appropriate to appoint a Forensic Navigator for the defendant because:
  - an order of competency evaluation has been entered by the court;
  - the appointment would assist the court to determine the behavioral health services and options available to the defendant, including placement in outpatient restoration, diversion, or some combination of these; and
  - the Department of Social and Health Services has certified that there is adequate Forensic Navigator capacity to provide the services described in RCW 10.77.074 to the defendant.

**Order**

3. The court appoints a Forensic Navigator to the Defendant. The Forensic Navigator shall have the powers, duties, and obligations set forth in RCW 10.77.074. The Department of Social and Health Services (DSHS) has certified that there is adequate Forensic Navigator capacity to provide the services described in the statute and shall determine the identity of the specific Forensic Navigator assigned to the defendant.

4. Other Orders (*if any*):

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

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

\_\_\_\_\_  
**Judge**

Print Name: \_\_\_\_\_

Approved as to form:

Approved as to form:

\_\_\_\_\_  
Deputy Prosecuting Attorney

\_\_\_\_\_  
Attorney for the Defendant

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Contact and distribution list (*contact information including email address, phone, and/or fax number, should be provided below to receive scheduling communications and/or reports*).

1. State Hospital/DSHS

[ ] Office of Forensic Mental Health Services/Western State  
[ofmhscourtorders@dshs.wa.gov](mailto:ofmhscourtorders@dshs.wa.gov)

[ ] Eastern State  
[esh.eshfsuadmindeptemail@dshs.wa.gov](mailto:esh.eshfsuadmindeptemail@dshs.wa.gov)

[ ] Child Study and Treatment Center  
[cstcforensicsteam@dshs.wa.gov](mailto:cstcforensicsteam@dshs.wa.gov)

2. Ordering Court \_\_\_\_\_

3. Jail/Detention Facility \_\_\_\_\_

4. Designated Crisis Responder \_\_\_\_\_

5. Prosecuting Attorney \_\_\_\_\_

6. Defense Attorney \_\_\_\_\_

7. Alternate contact for defense \_\_\_\_\_

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