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

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| In re Detention of: Respondent DOB | **Case No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Petition for Assisted Outpatient Treatment (AOT) Order****[ ] Modification (PTMAOT)****[ ] Revocation (PTRAOT)** |

1. Petitioner is [ ] a designated crisis responder (DCR) or [ ] the secretary of the department of social and health services (DSHS).
2. The petitioner alleges under penalty of perjury that the respondent, as a result of *(check applicable box)* [ ] mental disorder [ ] substance use disorder or [ ] co-occurring disorders, was ordered to undergo treatment under an assisted outpatient treatment (AOT) order, granted on *(date)* .
3. The petitioner alleges that in accordance with

[ ] (For adults) RCW 71.05.590(1), the Respondent:

[ ] Is failing to adhere to the terms and conditions/s of their release;

[ ] Demonstrates substantial deterioration in their functioning has occurred;

[ ] Evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; and/or

[ ] Poses a likelihood of serious harm.

[ ] (For adolescents) RCW 71.34.780(1), the Respondent:

[ ] Is failing to adhere to the terms and conditions/s of their release; and/or

[ ] Demonstrates substantial deterioration in their functioning has occurred;

1. The petitioner was notified that the respondent should be evaluated to determine whether modification or revocation is necessary on *(date)* .
2. The respondent [ ] was detained at *(name of facility or hospital)*

located in *(county or city)* [ ] was not detained for the purpose of a hearing for modification or revocation.

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

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

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

1. Petitioner requests that a hearing be held to determine whether the AOT order should be

[ ] modified with the proposed conditions *(attach the proposed AOT order)* [ ] revoked and the respondent detained for inpatient treatment.

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

Signed at Date:

 *City* *State*

*Sign here Print name*