RULE 2.2
AUTHORIZATION AND NOTICE OF DETENTION

At the time when any person is taken into custody or as soon as possible thereafter pursuant to RCW 71.05.150(1)(d) or RCW 71.05.150(2) regardless of whether a summons has been issued pursuant to rule 2.1 written authorization to do so shall be served upon such person. A copy of the authorization and a notice of detention shall be filed with the court. The authorization and notice of detention shall include:

(a) The name of the person to be taken into custody.

(b) A statement that the person authorized to take custody is authorized pursuant to RCW 71.05.150(1)(d) or RCW 71.05.150(2).

(c) A statement that the person is to be taken into custody for the purpose of delivering that person to an evaluation and treatment facility for a period of up to 72 hours excluding Saturdays, Sundays, and holidays. The 72-hour period begins when the evaluation and treatment facility provisionally accepts the person as provided in RCW 71.05.170.

(d) A statement specifying the name and location of the evaluation and treatment facility where such person will be detained.

(e) The authorization and notice of detention shall be in substantially the following form:

TO: ANY PEACE OFFICER OR MENTAL HEALTH PROFESSIONAL

(Name of person) ____ has failed to appear in response to summons issued by me pursuant to RCW 71.05.150 a copy of which is attached, or ____ as a result of mental disorder:

____ presents an imminent likelihood of serious harm to him/herself

____ presents an imminent likelihood of serious harm to others

____ presents an imminent likelihood of serious harm to the property of others

____ is in imminent danger because he/she is gravely disabled

You are notified to take or to cause such person to be taken into custody forthwith and placed in (name and location of evaluation and treatment facility) for evaluation and treatment for not more than 72 hours, or for such additional time as a court may order. The 72-hour period begins when the person is provisionally accepted at the evaluation and treatment facility and excludes Saturdays, Sundays, and holidays.

Dated: _____ (signed) _____
Mental Health Professional
(name) County, Washington

Respondent has been detained in (name and location of evaluation and treatment facility).

Dated: _____ Time: _____
(signed) _____
___ Peace Officer or ___ Mental Health Professional, (name) County, Washington