RULE 6.2
PETITION FOR FOURTEEN-DAY INVOLUNTARY TREATMENT

The petition for 14-day involuntary treatment shall contain the following:

(a) The name and address of the petitioner(s).

(b) The name of the person alleged, as a result of mental disorder, to present a likelihood of serious harm to him/herself, others, or the property of others, or to be gravely disabled, and, if known to the petitioner, the address, age, sex, marital status and occupation of the person. Such person shall be denominated the respondent.

(c) The facts upon which the allegations of the petition are based.

(d) The name of every person known or believed by the petitioner to be legally responsible for the care, support, and maintenance of the person alleged, as a result of mental disorder, to present a likelihood of serious harm to others or himself, or to be gravely disabled, and the address of each such person if known to the petitioner.

(e) A statement that the professional staff of the evaluation and treatment facility has examined and analyzed respondent's condition and finds that as a result of mental disorder respondent presents a likelihood of serious harm to himself or others or is gravely disabled.

(f) A statement that the respondent has been advised of the need for voluntary treatment and that the professional staff of the facility has evidence that he has not in good faith volunteered.

(g) A statement that the facility providing intensive treatment is certified to provide such treatment by the Department of Social and Health Services of the State of Washington.

(h) A statement that there is no less restrictive alternative to detention in the best interests of respondent or others, or that a less restrictive alternative is sought and a specification of what that alternative is.

(i) A demand that a probable cause hearing be held within 72 hours after provisional acceptance at the evaluation and treatment facility, excluding Saturdays, Sundays, and holidays, unless the person is sooner released, on the issue of whether the respondent shall be detained for an additional 14 days' involuntary treatment or whether such person shall be treated under less restrictive alternatives.

(j)The petition shall be in substantially the following form:

SUPERIOR COURT OF WASHINGTON
FOR (_____) COUNTY

In re the Detention of:	)	No. _____
	)	
	)	PETITION FOR FOURTEEN-DAY INVOLUNTARY TREATMENT
	)	
	)	
	)	
Respondent.	)	RCW _____

(Petitioner(s)), ___ mental health professional for _____ County, ___ member(s) of professional staff of _____ (agency or facility), ___ prosecuting attorney for _____

County pursuant to RCW 10.77.090, alleges that:

(Respondent), residing at (address) in (city or town), is a ___ single ___ married ___ widowed ___ divorced ___ male ___ female age _____. (Respondent's) occupation is _____
_____
_____

The professional staff of the evaluation agency or facility has examined respondent's condition and finds that as a result of mental disorder (respondent) presents:

___ a likelihood of serious harm to him/herself,
___ a likelihood of serious harm to others,
___ a likelihood of serious harm to the property of others,
___ is gravely disabled.

The facts upon which the allegations of this petition are based are as follows:

_____

_____
(use back of page if necessary)

The person(s) legally responsible for the care, support, and maintenance of (respondent) and their relationship to him are, so far as known to the petitioner, as follows: (Give names, addresses, and relationship of persons named as respondents.)

_____
(use back of page if necessary)

The respondent has been advised of the need for, but has not accepted voluntary treatment.

The facility providing intensive treatment is certified to provide such treatment by the Department of Social and Health Services.

The petitioner(s) request(s) that a hearing be held before (time and date) unless the respondent is sooner released, to determine whether (respondent) ___ shall be detained for 14 days' involuntary treatment because there is no less restrictive alternative to detention in the best interest of respondent or others, or ___ shall be required to comply with the following less restrictive alternative:

_____

_____

Dated this _____day of _____, 19____.

_____

Petitioner __ Physician __ MHP __ Prosecuting Attorney __

_____

Petitioner __ Physician __ MHP __ Prosecuting Attorney __

_____

_____
Address

Sworn and Subscribed on_____

_____
Notary Public for the State of Washington
Residing at _____
My commission expires on_____