RULE 6.3
PETITION FOR NINETY-DAY INVOLUNTARY TREATMENT

The petition for 90-day involuntary treatment shall contain the following:

(a) The name and address of the petitioner.

(b) The name and address of the person alleged, as a result of mental disorder, to present a likelihood of serious harm to him/herself or others because such person (1) has threatened, attempted, or inflicted physical harm upon the person of another or him/herself or substantial damage upon the property of another after having been taken into custody for evaluation and treatment, or (2) was taken into custody as a result of conduct in which he/she attempted or inflicted physical harm upon the person of another or him/herself, or (3) is gravely disabled, or (4) has been determined to be incompetent and criminal charges have been dismissed pursuant to RCW 10.77.090(3) and has committed acts constituting a felony, and presents substantial likelihood of repeating similar acts. Such person shall be denominated the respondent.

(c) A statement that petitioner is the professional person in charge of the treatment facility in which the respondent is detained pursuant to court order or his professional designee, or the county mental health professional of (name) County.

(d) The name of the court ordering 14-day involuntary treatment or finding the respondent incompetent pursuant to RCW 10.77.090(3) and the date on which such order or finding was entered.

(e) A summary of the facts supporting the allegations of the petition.

(f) A demand that a hearing be held within 5 judicial days of the first court appearance after the probable cause hearing unless the person named in the petition requests a jury trial, in which case trial shall commence within 10 judicial days of the filing of the petition for 90-day treatment on the issue of whether the person alleged, as a result of mental disorder, to present a likelihood of serious harm, to himself or others, shall be detained for involuntary treatment for a period not to exceed 90 days.

(g) A statement that the petition is supported by accompanying affidavits and the names of the persons signing such affidavits.

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

SUPERIOR COURT OF WASHINGTON
FOR (_____) COUNTY

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

(Petitioner), ___ the professional person in charge, or ___ his professional designee, or ___ the county mental health professional for (name) county, of (name of facility) in which (respondent) is detained for (number) days pursuant to an order of (name of court) entered on (date) alleges that:

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

As a result of mental disorder (respondent) presents a likelihood of serious harm to him/herself or others because respondent ___ has threatened, attempted, or inflicted physical harm upon the person of another or him/herself or substantial damage upon the property of another after having been taken into custody for evaluation and treatment, or ___ was taken into custody as a result of conduct in which respondent threatened, attempted or inflicted physical harm upon the person of another

or him/herself, or ___ is gravely disabled, or ___ has been determined to be incompetent and criminal charges have been dismissed pursuant to RCW 10.77.090(3), and has committed acts constituting a felony, and as a result of mental disorder, presents a substantial likelihood of repeating similar acts.

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

_____

The allegations are supported by the accompanying affidavits signed by _____.

The petitioner requests that a hearing be held to determine whether (respondent) shall be detained for involuntary treatment for a period not to exceed 90 days.

Dated this _____ day of _____, 19____.

_____
Petitioner

Sworn and Subscribed on _____

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