RULE 6.5
PETITION FOR REVOCATION OF CONDITIONAL RELEASE
OR LESS RESTRICTIVE TREATMENT

The petition for revocation of conditional release or less restrictive treatment shall contain the following:

(a) The name and address of the petitioner and the statement that petitioner is the Secretary of the Department of Social and Health Services, State of Washington, or is the county mental health professional for (name) County.

(b) The name and address of the person alleged to have failed to adhere to the terms and conditions of release or less restrictive treatment. Such person shall be denominated the respondent.

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

(d) A statement that the respondent was released under terms and conditions of a court ordered less restrictive treatment or under terms and conditions set by an evaluation and treatment facility, and that a copy of the terms and conditions is attached to the petition. The statement shall also contain the date the order was entered, number of days for which effective, and the court entering such order.

(e) The date, time and place of detention of the respondent if he is detained pursuant to an order of the secretary, or whether such an order has been or will be issued.

(f) A demand that a hearing be held within 5 days of the date on which respondent was detained pursuant to an order of the secretary, or not less than 15 days from the date of service of the petition on the respondent, on the issues of whether the respondent failed to adhere to the terms and conditions of release or less restrictive treatment, whether the conditions of the release should be modified, or whether the person should be placed in an involuntary treatment facility.

(g) The petition shall be in substantially the following form, with a copy of the terms and conditions attached:

SUPERIOR COURT OF WASHINGTON
FOR (_____) COUNTY

In re the Detention of:	)	No. _____
	)	
	)	PETITION FOR REVOCATION
	)	OF CONDITIONAL RELEASE
	)	
Respondent.	)	RCW _____

(Petitioner), ___ Secretary of the Department of Social and Health Services, State of Washington, or ___ county mental health professional for (name) County alleges that:

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

Pursuant to an order of (name) court entered on (date), respondent was detained for involuntary treatment
for a period not to exceed (number) days in (name of facility), or was placed on less restrictive alternative treatment.

___ (Respondent) was conditionally released from inpatient care at (name of facility) prior to expiration of the court ordered period of detention, under terms and conditions for such release copies of which, including modifications, are attached and were filed in (name) court on (date(s)) or ___ respondent was placed on less restrictive treatment under terms and conditions copies of which, including modifications, are attached.

During the period of conditional release or less restrictive treatment, respondent was receiving outpatient care from (name of facility) located in

(city or town), (name) County.

Pursuant to RCW _____, petitioner ___ has ___ has not issued an order for the apprehension and detention of respondent and respondent ___ is not detained ___ is detained in (name of facility) located in (city, town), (name) county.

(Respondent) has failed to adhere to the terms and conditions of respondent's release from involuntary detention or less restrictive alternative treatment and ___ the conditions of release or less restrictive treatment should be modified or ___ the person should be placed in an involuntary treatment facility.

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

_____

The petitioner requests that a hearing be held to determine whether respondent has failed to adhere to the terms and conditions of release or less restrictive treatment, and whether the respondent shall be placed on involuntary treatment on an inpatient basis or whether the terms and conditions of release or less restrictive treatment shall be modified.

Dated this _____ day of _____, 19____.

_____
Petitioner

Sworn and Subscribed on _____

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