**Court of Washington, County of**

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| In re the Detention of:    Respondent DOB | Case No.  **Declaration (DCLR)** |

This declaration is made by:

Name:

Professional Title & Agency *(if you are providing this declaration in a professional capacity)*:

I am Respondent’s *(choose one)*: [ ] physician [ ] physician assistant [ ] advanced registered nurse practitioner [ ] treating mental health professional [ ] treating substance use disorder professional or [ ] other (*please state relationship*) .

I declare,

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. [ ] I have attached (*number of pages*) pages.

Signed at (*City*) (*State*) on (*Date*)

*Signature of Declarant Print or Type Name*

*Signature of Co-Declarant Print or Type Name*

*(A co-signature is only required if the declarant is the respondent’s treating mental health professional or substance use disorder professional).*