![final_logo_pc [Converted]]()

October 30, 2019

TO: Judges, Commissioners, County Clerks, Court Administrators, Libraries, Attorneys, and Public

FROM: Ashley Tam, AOC Sr. Legal Analyst

RE: Summary of Changes to 71.05 RCW Forms (July to October 2019)

The Washington Pattern Forms Committee updated the 71.05 RCW mandatory and optional pattern forms to implement sections of legislation effective July 28, 2019, specifically:

* Laws of 2019, ch. 247, SSB 5181, Involuntary Treatment Act—Firearms.
* Laws of 2019, ch. 446, 2SHB 1907, Substance Use Disorder Treatment System—Various Provisions.

These forms were also updated for other reasons, including to address user feedback, improve form accuracy, and increase clarity of information contained on forms.

Note: This guide shows what changes have been made to the forms. Strikethroughs indicate deletions and underlines indicate additions. Please refer to the current version of each form to ensure proper formatting, including indentation, spacing, and font size.

**Changes**

**1. All Updated Forms**

Checkboxes “[ ] ” have been replaced with brackets “[ ]” in all updated forms for accessibility reasons. These changes are only identified in the Summary of Changes when other updates were also made in the same section of the form.

 Dates in the footers were changed to reflect the last revised date, which is 07/2019 unless noted otherwise below.

**2. MP 001 – Notice of Ineligibility to Possess a Firearm**

This form is used for both 71.05 RCW and 10.77 RCW proceedings. The changes to this

form were primarily related to updates to 10.77 RCW.

See **10.77 RCW Summary of Changes** for specific changes related to this form*.*

**3. MP 100 – Identification Cover Sheet (New Form)**

 This optional use form can be used to submit a copy of a driver’s license, identicard, or other comparable information with MP 401 –Petition for Initial Detention, when required under the Laws of 2019, ch. 247, SSB 5181.

**4. MP 401 – Petition for Initial Detention**

The top part of this form changed as follows:

Pursuant to **~~RCW~~** ~~[ ]~~  **~~C~~chapter** [ ] **71.05** ~~[ ]~~  **~~Chapter~~ RCW** [ ] **71.34 RCW,** Petitioner, a Designated Crisis Responder designated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, alleges under penalty of perjury that the Respondent; as the result of ~~a mental or substance use disorder~~: *(check all that apply):*

~~[ ]~~  [ ] a mental disorder [ ] substance use disorder:

 [ ] Presents an imminent likelihood of serious harm:

 ~~[ ]~~ [ ] to self ~~[ ]~~ [ ] to others ~~[ ]~~ [ ] to property

~~[ ]~~  [ ] Is in imminent danger because of being gravely disabled:

[ ] Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety.

[ ] Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

 The bottom of this form changed as follows:

**Therefore the Petitioner requests that the Respondent be detained at ~~an~~ a(n):
~~[ ]~~** [ ] **evaluation and treatment facility ~~[ ]~~** [ ] **secure ~~detoxification~~ withdrawal management and stabilization facility ~~[ ]~~** [ ] **approved substance use disorder treatment program for no more than 72 hours (excluding Saturdays, Sundays, and legal holidays) for evaluation and treatment~~.~~ pursuant to ch. 71.05 RCW.**

On the Declaration from Witness form (page 4 of 4):

The signature block was inadvertently changed in the 07/2019 update. It was corrected in the 10/2019 version to:

~~Petitioner~~  Witness Print Name

~~Witness~~ ~~Name of Agency~~

The revision date on the footer of that form only (page 4 of 4) was changed to 10/2019.

**5.** **MP 410 – Findings, Conclusions, and Order Committing Respondent for Involuntary Treatment or Less Restrictive Treatment**

 Under Hearing>At the hearing:

Respondent waived his/her appearance through counsel.

Under 2. Firearm Notice:

**Firearm Notice.** (Not applicable for substance use disorder treatment.) Before this order was entered, the court notified the Respondent, orally and in writing, that the failure. . .

 Under 3. Reasons for Commitment>Likelihood of harm or gravely disabled:

~~[ ]~~ [ ] will inflict harm to the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.

 Under Findings of Fact>3. Reasons for Commitment>In need of assisted outpatient behavioral health treatment:

* has been committed by a court to detention for involuntary behavioral health treatment during the preceding ~~thirty-six~~ 36 months (excluding confinement as a result of a criminal conviction)

Under 4. Less Restrictive Alternative Treatment:

~~[ ]~~ [ ] Less restrictive alternative treatment is not in the best interest of the Respondent or others. (*Explain:)*

Under Findings of Fact> 6. Adequate space for Respondent’s substance use disorder treatment.

~~[ ]~~  [ ] A secure ~~detoxification~~ withdrawal management and stabilization facility with adequate space for the respondent ~~[ ]~~  [ ] is available ~~[ ]~~  [ ] is not available.

Before 11. Involuntary Treatment as follows:

**The ~~c~~Court ~~o~~Orders**

Under 11.> Involuntary Treatment as follows>14-Day Commitment>Escape and Recapture:

Added a period after “(DCR)” at the end of this section.

Under 11.> Involuntary Treatment as follows>Less Restrictive Treatment as follows:

Removed “For” in both suboptions.

~~For~~  ~~[ ]~~  [ ] mental health treatment  ~~[ ]~~  [ ] substance use disorder treatment

Under 14:

**Right to Full Hearing or Jury Trial.** If involuntary treatment beyond the 14 day period or beyond the 90 ~~ninety~~ days of less restrictive treatment is to be sought, Respondent will have the right to a full hearing or jury trial as required by RCW 71.05.310.

Under 15:

The word “concealed pistol license” is now plural (“concealed pistol licenses”).

On the bottom of the form:

Interpreter certifies that ~~he/~~s/he has reviewed this order with Respondent.

**6.** **MP 445 – Order Setting Trial Date ~~and Committing Adult for Involuntary Treatment Pending Trial~~**

This form has been revised to be used only for an Order Setting a Trial Date. The caption and the contents of the form were updated to reflect that change.

**Order Setting Trial ~~Date and Committing Adult for Involuntary Treatment Pending Trial~~** (ORSTD~~, ORIVT~~)

Next Court event:

Type:

Date:

Time:

Courtroom:

~~[ ]~~  [ ] Jury Trial ~~[ ]~~ [ ] Bench Trial

[ ] Interpreter Required: (language)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under Hearing:

has been filed in this ~~[ ]  mental disorder [ ]  substance use disorder~~ proceeding. Petitioner requested an order setting trial date and continuing the treatment of the Respondent during this proceeding

Under Order:

The court orders ~~that~~:

Under 2.:

~~[ ]~~  [ ] **~~Detention and~~ Inpatient Treatment.** ~~The~~ Pending trial or further order of this court, the Respondent ~~is~~ shall continue to be detained for involuntary treatment ~~at:~~

~~[ ]~~

~~[ ]~~

~~[ ]~~

~~[ ]~~

~~[ ]~~

~~[ ]~~

until released by this treatment facility ~~or by order of this court~~.

**~~Escape and Recapture.~~** ~~If the Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return the Respondent to this treatment facility or to the evaluation and treatment facility designated by a Designated Crisis Responder.~~

**~~Transportation.~~** ~~The Respondent is remanded into the custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for transportation and delivery to the treatment facility.~~

Under 3.:

**~~Violation and Hospitalization.~~** ~~If a treatment agency or facility, or a Designated Crisis Responder determines that the Respondent is not following the terms and conditions of this order, or that substantial deterioration in the Respondent’s functioning has occurred, or that substantial decompensation in the Respondent’s functioning has occurred; or that the Respondent poses a likelihood of serious harm, they may take action to enforce, modify, or revoke the less restrictive alternative. If revocation procedures are begun under RCW 71.05.590(4), a hearing shall be held within 5 days to address the allegations and determine whether this order should be modified or whether the Respondent should be returned to an evaluation and treatment facility for intensive inpatient treatment for the remainder of the treatment period.~~

*~~(If the current less restrictive alternative is solely based on the respondent being in need of assisted outpatient behavioral health treatment then revocation proceedings are under 71.05.590(6)).~~*

The footer was also changed, for example, on page 1:

Order Setting Trial Date ~~and Committing Adult~~ (ORSTD~~, ORIVT~~) - Page 1 of 2

~~for Involuntary Treatment Pending Trial~~

MP 445 (07/201~~8~~9)

**7. MP 450 – Order for Dismissal**

This form was significantly changed to comply with the provisions of the Laws of 2019, ch. 247, SSB 5181, Involuntary Treatment Act—Firearms. We ask that you use the new version of this form.

**8. MP 460 – Order Revoking Less Restrictive Alternative Treatment / Conditional Release**

 Under 1.:

 ~~[ ]~~  [ ] LRA Based On Assisted Outpatient Behavioral Health Treatment. As a result of a [ ] mental disorder ~~or~~ [ ] substance use disorder:

~~[ ]~~  [ ] Likelihood of Serious Harm. Respondent poses a likelihood of serious harm.

~~[ ]~~  [ ] Grave Disability. Respondent is gravely disabled.

~~[ ]~~  [ ] is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety.

~~[ ]~~  [ ] manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

**Treatment.** After considering less restrictive alternatives to involuntary detention and treatment, no such alternatives are in the best interests of the Respondent or others. There areno viable modifications to the less restrictive alternative treatment order that are in the best interests of the Respondent or others. The best interests of the Respondent and others would be served if the Respondent ~~were~~ was committed for inpatient treatment.

 Under 2. Adequate space for Respondent’s substance use disorder treatment:

~~[ ]~~  [ ] A secure ~~detoxification~~ withdrawal management and stabilization facility with adequate space for the respondent  ~~[ ]~~  [ ] is available  ~~[ ]~~  [ ] is not available.

Under 7. Remand and Commitment:

~~[ ]~~  [ ] Secure ~~detoxification~~ withdrawal management and stabilization facility at:

In the caption and the footer:

The docket code should be changed from ORRV to ORLRAT in the caption and footer, which was updated in the 09/2019 version of the form. The footer’s revision date was updated to 09/2019 when the docket code was updated.

**9. MP 1.0600 – Joel’s Law for Initial Detention by Family, Guardian, or Conservator.**

On the bottom of the cover page, the date has been changed from March 2018 to October 2019.

      On page 1 of 4 of the user guide, the spelling of “Designated Crisis Responder” has been corrected (previously “Designed Crisis Responder”) in the User Guide.  The footer of the User Guide only has been updated to show a revise date of 10/2019 (previously 03/2018).

**10. MP 1.0700 – Joel’s Law Order for Initial Detention**

This form was updated in March 2018, twice in July 2019 (downloaded file names ending in 2019 07 and 2019 07c), and most recently in October 2019. The last two updates were made to correct the revision date on the first page of the footer (first-page footer is not linked with the following footer pages), to correct the spelling of “participate,” and to address an indentation issue. This summary of changes shows the changes between the March 2018 and October 2019 versions.

In the caption:

A “[ ]” was added before “Clerk’s Action Required: Order, paragraph 2”

Under Basis:

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), a Petition was filed by an immediate family member~~(~~/s~~)~~ for the involuntary detention of the Respondent. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), the Court found sufficient evidence to support the allegation. . .

Under Findings of Fact>The Court has reviewed the following:

“Declarations” has been changed to “Declaration/s”.

“allegations” has been changed to “allegation/s”.

Under Findings of Fact>An immediate family member, guardian, or conservator . . . :

An ~~I~~immediate family member, guardian, or conservator of the Respondent filed a Petition in accordance with RCW 71.05.201.

~~[ ]~~  [ ] There is probable cause to order the Designated Crisis Reponder to file a petition for assisted outpatient behavioral health treatment because the Respondent as a result of a
  ~~[ ]~~  [ ] mental disorder ~~[ ]~~  [ ] substance use disorder:

~~[ ]~~  [ ] Has been committed by a court to detention for involuntary behavioral health treatment during the preceding thirty-six months;

~~[ ]~~ [ ] Is unlikely to voluntarily ~~partiparticipate~~ participate in outpatient treatment without an order for less restrictive alternative treatment based on a history of nonadherence with threat or in view of the respondent’s current behavior;

Under Findings of Fact>There is probable cause to support an order to detain . . . :

[ ] is gravely disabled *(check all that apply):*

~~[ ]~~  [ ] is in danger of serious physical harm resulting from a failure to provide for his/her essential human needs of health or safety.

~~[ ]~~  [ ] manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

The next option should be indented so the checkbox is aligned with “is gravely disabled,” not its suboptions.

~~[ ]~~  [ ] The Respondent has refused or failed to accept appropriate evaluation and treatment voluntarily.

Under Conclusions of Law>2. Probable cause exists to order:

~~[ ]~~  [ ] the Designated Crisis Responder to file a petition for assisted outpatient behavioral health treatment ~~pursuant to~~ (RCW 71.05~~;~~.201);

~~[ ]~~  [ ] the Respondent be detained to an [ ] evaluation and treatment facility [ ] secure withdrawal management and stabilization facility [ ] approved substance use disorder treatment programfor ~~up to~~ no more than 72 hours (excluding Saturdays, Sundays, and legal holidays) of evaluation and treatment pursuant to ~~RCW~~ ch. 71.05 RCW;

Under Order:

[ ]For Initial Detention:

1. The Respondent shall be detained for initial detention by a Designated Crisis Responder for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County and delivered to a facility or emergency room determined by the Designated Crisis Responder (DCR) pursuant to ~~RCW~~ ch. 71.05 RCW.

2. The clerk of the court is directed to transmit a copy of this Order to the Designated Crisis Responder Agency. Law Enforcement shall apprehend and deliver the Respondent to a facility or emergency room determined by the DCR. This Order expires ~~one hundred and eighty~~ 180 days from the date of issuance. ~~Any Law Enforcement Officer is authorized to break and enter the Respondent’s residence to effectuate the Respondent’s Detention as provided in this Order.~~

Under Notice of Rights:

13. You have the right to have reasonable access to a telephone, to both ~~to~~ make and receive confidential calls.

16. If antipsychotic medications are administered in an emergency, you have the right to a review of that decision within ~~twenty-four~~ 24 hours.

In the footer:

The revise date for the form has been changed to 10/2019.