

\_\_\_\_\_ Court of Washington, County of \_\_\_\_\_

In re the Detention of:  _____	Case No. _____
Respondent	<b>Declaration (DCLR)</b> DOB

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,

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



