

Superior Court of Washington, County of _____

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| In re the Detention of: _____ Respondent | Case No. _____ Findings, Conclusions, and Order Committing Respondent for Involuntary Treatment or Less Restrictive Alternative Treatment Clerk Action Required: 18, [] 19 |
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| Select only one: | Mental Disorder | Substance Use Disorder | Mental & Substance Use Disorders (Combined) |
|------------------------------|-----------------------------------|------------------------------------|--|
| 14-day commitment | <input type="checkbox"/> (ORDT14) | <input type="checkbox"/> (ORDT14S) | <input type="checkbox"/> (ORDT14C) |
| 90-day LRA | <input type="checkbox"/> (ORDL90) | <input type="checkbox"/> (ORDL90S) | <input type="checkbox"/> (ORDL90C) |
| LRA Expires on _____. | | | |

Hearing

The court held a hearing on *(date)* _____ on the petition for
 14 days of involuntary treatment.
 90 days of less restrictive alternative treatment.

The following people appeared at the hearing:

- Respondent appeared in person by video
and was represented by _____
- Respondent waived their appearance through counsel.
- A separate appearance waiver has been filed.
- Respondent orally waived their appearance through defense counsel, and the court
 accepts this waiver.
- Petitioner appeared in person by video
and was represented by _____

Guardian ad litem (GAL) appeared in person appeared by video waived appearance.

Guardian ad litem (GAL) waived Respondent's appearance.

Witness _____ appeared in person by video or under CR 43 by telephone _____.

Witness _____ appeared in person by video or under CR 43 by telephone _____.

Agreed order.

In addition to the findings of fact and conclusions of law written below, the court incorporates by reference the oral findings of fact and conclusions of law.

Findings of Fact

The court makes the following findings of fact:

1. **Time of Hearing.** The hearing was held within the time period allowed in RCW 71.05.240.
2. **Firearm Notice.** (Not applicable for persons committed to substance use disorder treatment.)

Before this order was entered the court and/or the prosecutor notified Respondent, orally and in writing, that the failure to make a good faith effort to seek voluntary treatment will result in the loss of Respondent's firearm rights if Respondent is detained for involuntary treatment as the result of a mental disorder.

3. **Voluntary Treatment.**

Good faith voluntary: Respondent has alleged prior to the commencement of the hearing that the person has, in good faith, volunteered for treatment.

Petitioner has proven by a preponderance of the evidence that Respondent has not, in good faith, volunteered for appropriate treatment.

4. **Reasons for Commitment.** Petitioner has proven by a preponderance of the evidence that Respondent suffers from the following behavioral health disorder/s. (*Select all that apply:*

Substance use disorder: _____

Mental disorder: _____

Co-occurring disorders: _____

Likelihood of serious harm or gravely disabled:

There is a substantial risk that Respondent, as the result of a behavioral health disorder:

will inflict physical harm upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm to themselves.

will inflict physical harm upon another person, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm.

- will inflict physical harm to the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.
- Respondent, as the result of a behavioral health disorder, has threatened the physical safety of another and has a history of one or more violent acts.
- Respondent's condition is such that Respondent, as the result of a behavioral health disorder:
 - is in danger of serious physical harm resulting from the failure to provide for their essential needs of health or safety.
 - manifests severe deterioration in routine functioning, evidenced by repeated and escalating loss of cognitive or volitional control over their actions, and is not receiving such care as is essential for their health and safety.

Facts in support: _____

5. Less Restrictive Alternative Treatment. *(Check the box that applies and write facts in support below).*

- Less restrictive alternative treatment **is** in the best interest of Respondent or others *(explain)*: _____

OR

- Less restrictive alternative treatment **is not** in the best interest of Respondent or others *(explain)*: _____

6. Adequate Space for Respondent's Substance Use Disorder Treatment.

- A secure withdrawal management and stabilization facility with adequate space for Respondent is available is not available.
- An approved substance use disorder treatment program with adequate space for Respondent is available is not available.

7. Agreed Order. Respondent, after consultation with counsel, agrees to the entry of this order.

8. Other. _____

Conclusions of Law

9. Jurisdiction. The court has jurisdiction over the parties and subject matter of this proceeding.

10. **Criteria.** Petitioner established by a preponderance of the evidence that Respondent:
- presents a likelihood of serious harm.
 - is gravely disabled.

The Court Orders:

11. **Involuntary Treatment** as follows:

- 14-Day Commitment.** Respondent is to be detained for a period not to exceed 14 days of intensive inpatient treatment at the following facility certified to provide treatment by the Department of Health or under RCW 71.05.745. Initial treatment facility, if known:

Inpatient mental disorder treatment at: _____

Secure withdrawal management and stabilization facility at: _____

Approved substance use treatment program at: _____

Other: _____

During the commitment period, Respondent may be referred to a different treatment facility appropriate to the needs of Respondent without need for further court review.

Escape and Recapture. If Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return Respondent to this treatment facility or to the evaluation and treatment facility designated by a designated crisis responder (DCR).

- Less Restrictive Treatment** as follows:

- 90-Day Less Restrictive Alternative Treatment.** Respondent is released for less restrictive alternative treatment (LRA) for up to 90 days:

mental disorder treatment substance use disorder treatment treatment for co-occurring disorders

LRA services and conditions:

(Name) _____ is the behavioral health service provider responsible for identifying the services Respondent will receive in accordance with RCW 71.05.585. The following treatment conditions or other conditions are in the best interest of Respondent and others: _____

Respondent must cooperate with the services planned by the behavioral health service provider.

- 12. Violation and Hospitalization.** If a treatment agency or facility, or a designated crisis responder (DCR) determines that Respondent is not following the terms and conditions of this order, that substantial deterioration or substantial decompensation in Respondent's functioning has occurred, or that 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, a hearing shall be held within 5 days of the person being detained or of the person being served, if they are not detained, to address the allegations and determine whether this order should be revoked, modified, or retained. If the court orders detention for inpatient treatment, then Respondent should be returned to an evaluation and treatment facility for intensive inpatient treatment for the remainder of the treatment period or for 14 days from the revocation hearing under RCW 71.05.590.
- 13. [] Transportation.** Respondent is remanded into the custody of *(facility name)*: _____ for transportation and delivery to the treatment facility.
- 14. [] Concurrent Jurisdiction.** Respondent will receive treatment in _____ County and that county shall have concurrent jurisdiction with this county to consider any Petition for Revocation of this Order without further order of this court.
- 15. Right to Full Hearing or Jury Trial.** If involuntary treatment beyond the 14-day period or beyond the 90 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.
- 16. Firearms Possession Prohibited.** *(Applicable only for when a person is ordered to be committed for mental disorder treatment or for both mental and substance use disorder treatment.)*
Respondent shall immediately surrender any concealed pistol licenses, and Respondent may not possess a firearm unless Respondent's right to do so is restored by a court of record. The *Notice of Ineligibility to Possess a Firearm* is filed separately.
- 17. Notice to the Department of Corrections.** If Respondent is, or becomes, subject to supervision by the Department of Corrections, Respondent must notify the treatment provider. The treatment provider must share Respondent's mental health treatment information and substance use disorder treatment information with the Department of Corrections for the duration of Respondent's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who does not have a history of 1 or more violent acts, the court may, for good cause, find that public safety would not be enhanced by the sharing of this information.
- 18. The clerk of the court** must share commitment hearing outcomes under ch. 71.05 RCW, including the name of the facility where the person has been committed, with the local behavioral health administrative services organization that serves the region where the superior court is located. This includes cases where the designated crisis responder investigation occurred outside the region. RCW 71.05.740. **Name of Facility:**

19. [] Review hearing scheduled for (purpose): _____

On: (date) _____ at (time) _____ a.m./p.m.

At: _____ Court, Room/Department: _____

Address: _____

20. Other. _____

Dated: _____

Judge / Commissioner

Approved as to form

Approved as to form

Attorney for Petitioner DPA/AAG

Attorney for Respondent

WSBA No. _____

WSBA No. _____

Respondent

Interpreter certifies that they have reviewed this order with Respondent.

Interpreter