

**Superior Court of Washington, County of \_\_\_\_\_**

<b>In re Detention of:</b>  _____ Respondent  <div style="text-align: right;">DOB _____</div>	<b>Case No.:</b> _____  <b>Petition for Modifying or Revoking a Less Restrictive Alternative Treatment or Assisted Outpatient Treatment Order</b>  <input type="checkbox"/> Modification of AOT Order (PTMAOT) <input type="checkbox"/> Modification of LRA Order (PTMLRA) <input type="checkbox"/> Revocation of AOT Order (PTRAOT) <input type="checkbox"/> Revocation of LRA Order (PTRLRA)
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1. Petitioner is ☐ a designated crisis responder (DCR) or ☐ the secretary of the Department of Social and Health Services (DSHS).
2. The petitioner alleges under penalty of perjury that the respondent, as a result of (*check applicable box*) ☐ mental disorder ☐ substance use disorder or ☐ co-occurring disorders, was ordered to undergo treatment under an assisted outpatient treatment (AOT) order or other less restrictive alternative (LRA) order, granted on (*date*) \_\_\_\_\_.
3. The petitioner alleges that in accordance with:  

☐ **(For adults) RCW 71.05.590(1), the respondent:**
  - ☐ is failing to adhere to the terms and conditions/s of their release;
  - ☐ demonstrates substantial deterioration in their functioning has occurred;
  - ☐ evidence of substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment; and/or
  - ☐ poses a likelihood of serious harm.

☐ **(For adolescents) RCW 71.34.780(1), the respondent:**
  - ☐ is failing to adhere to the terms and conditions/s of their release; and/or
  - ☐ demonstrates substantial deterioration in their functioning has occurred;

4. The petitioner was notified that the respondent should be evaluated to determine whether modification or revocation is necessary on *(date)* \_\_\_\_\_.

5. The respondent [ ] was detained at *(name of facility or hospital)*

\_\_\_\_\_ located in *(county or city)* \_\_\_\_\_ [ ] was not detained for the purpose of a hearing for modification or revocation.

6. Respondent was brought to my attention under the following circumstances *(attach additional pages, if necessary)*:

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7. The facts upon which I base my petition for [ ] modification [ ] revocation are as follows (e.g. failure to comply with the LRA or AOT order; decompensation; etc.) *(attach additional pages, if necessary)*:

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8. Continued release is not in the best interest of the respondent or others and [ ] modification [ ] revocation is clinically appropriate and necessary for the following reasons *(attach additional pages, if necessary)*:

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9. Petitioner requests that a hearing be held to determine whether the LRA or AOT order should be [ ] modified with the proposed conditions (*attach the proposed LRA or AOT order*) [ ] revoked and the respondent detained for inpatient treatment.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_ Date: \_\_\_\_\_  
City State



\_\_\_\_\_  
Sign here Print Name