



January 1, 2021

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

FROM: Ashley Tam, AOC Senior Legal Analyst

RE: Summary of Changes to Chapter 71.05 RCW Forms (January 2021)

The Washington Pattern Forms Committee updated the chapter 71.05 RCW court pattern forms to incorporate the changes from the [Laws of 2020, ch. 302 \(2E2SSB 5720\)](#), Involuntary Treatment Act – Various Provisions and [Laws of 2020, ch. 256 \(SSB 6259\)](#), Indian Behavioral Health System – Various Provisions. The forms were also updated for other reasons, including to address user feedback, improve form accuracy, use more inclusive terms, and increase the clarity of information contained in these forms. The effective date of these updated forms is January 1, 2021.

To provide a timely Summary of Changes for our court form users, we are now creating the Summary of Changes using Adobe Acrobat Pro's Compare Tool. Depending on your PDF reader and software version, you may have the ability to create customized views of the comparison report to meet your needs.

Some tips on using our Summary of Changes in Adobe Acrobat 2017:

1. Use the Bookmarks in the left pane to locate the form you would like to review. (Look for the  icon.) Click on the name of the form.
2. Hover over icons (e.g., a message bubble or white "x" enclosed in red circle) in the document to see changes appear in a pop-up text box, or click on the icons to see them in the right pane.
3. To filter the types of changes you would like to see:
 - a. Select  **Comment** in the right pane. If you don't see the Comment icon to the right, go to View in your menu bar, then select Tools>Comment>Open.
 - b. Click on the upside down triangle next to the filter  icon in the right pane.
 - c. Select Reviewer, and then choose the types of changes you would like to view in the Summary of Changes.

4. If you select the three dots next to the filter icon, you will see an option to “Print with Comment Summary. . .”

To provide feedback about our Summary of Changes or our court forms, please complete our online form at:

<http://www.courts.wa.gov/forms/?fa=forms.formsComments>.

Compare Results

Old File:

MP 01.0600 Joel's Law Petition for Initial Detention by Family Guardian...Packet_2020 06.pdf

13 pages (107 KB)
6/9/2020 11:19:38 PM

versus

New File:

MP 01.0600 Joel's Law Petition for Initial Detention by Family Guardian...Packet_2021 01.pdf

13 pages (530 KB)
12/10/2020 1:06:05 AM

Total Changes

421

Content

110 Replacements
37 Insertions
36 Deletions

Styling and Annotations

238 Styling
0 Annotations

[Go to First Change \(page 1\)](#)

Joel's Law Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe

This packet contains the:

- User Guide
- Petition
- Declaration

Mandatory Forms in Washington State Courts



Washington Pattern Forms Committee and the
Administrative Office of the Courts
Olympia, Washington

January 2021

User Guide for the Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe

What is a Petition for Initial Detention by Family, Guardian, Conservator, or Federal Recognized Indian Tribe?

If a person 13 years of age or older has a behavioral health disorder and is a danger to themselves, others, property, or is gravely disabled, and a Designated Crisis Responder (DCR) does not act to detain that person for evaluation and treatment or secure withdrawal management and stabilization services, then this petition allows an immediate family member, guardian, or conservator of a person, or a federally recognized Indian tribe, if the person is a member of the tribe, to ask the superior court to review that DCR decision and consider an order to detain that person for initial detention.

Who Can File A Petition for Initial Detention?

An immediate family member, guardian, or conservator of a person, or a federally recognized Indian tribe, if the person is a member of the tribe, can file such a petition with the court. The person filing the petition is called the Petitioner, and the person for whom detention and treatment is sought is called the Respondent.

How Do I File a Petition for Initial Detention?

Follow these instructions. They will: (1) tell you what facts must exist in order for you to be able to file the petition; (2) tell you how to file the petition; and (3) explain what happens after you file the petition.

Definitions

"Behavioral health disorder" means either a mental disorder, a substance use disorder, or a co-occurring mental disorder and substance use disorder.

"Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions.

"Substance use disorder" means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substance.

An immediate family member is the spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, brother, or sister of the person that is the subject of the *Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe*.

A guardian is a person appointed by a court to manage someone's person or estate.

A conservator is a person appointed by a court to manage someone's daily and/or financial

affairs.

DCR means a Designated Crisis Responder, a mental health professional appointed by the county, by an entity appointed by the county, or by the Washington State Health Care Authority in consultation with a federally recognized Indian tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in chapter 71.05 RCW.

1. You can file a Joel's Law petition if:

- A. You are an immediate family member, guardian, or conservator of the person that you seek to have detained, or a federally recognized Indian tribe if the person is a member of the tribe; **and**
- B. You or someone else asked for an investigation of the person that you seek to have detained; **and**
- C. Either:
 - 1. A DCR conducted the Involuntary Treatment Act (ITA) investigation and decided not to detain the person for evaluation and treatment; **or**
 - 2. 48 hours passed since the DCR received the request for investigation and the DCR has not taken action to have the person detained; **and**
- D. You file your petition within 10 calendar days following the:
 - 1. DCR ITA investigation, **or**
 - 2. Request for investigation, if the DCR has not taken any action to have the person detained.

If it has been more than 10 calendar days, you cannot file a petition but you may request a new DCR investigation. How can you find out the date? If you ask the DCR or agency for the date of the investigation, they must give you the date to help you prepare the petition.

2. How to complete the petition:

- A. Fill out the *Petition* (the form begins following the last page of this information sheet). Provide all of the information requested, including:
 - 1. A description of the relationship between you and the person; **and**
 - 2. The date on which an investigation was requested from the DCR; **and**
 - 3. The date of the DCR investigation, if there was one 

4. Fill out the *Declaration* to describe why the person should be detained (this declaration will be part of the petition once complete). For each category, check yes, no, or don't know.
 - For each question that you answer yes, provide a description of the person's behavior in the space provided on the form. Be as detailed as you can.

For example, you may describe a history of one or more violent acts, such as behavior that resulted in death, attempted suicide, nonfatal injuries, or substantial damage to property.
 - If you have any documents that support the petition, list the documents and attach copies.
5. You must sign your petition and declaration under penalty of perjury under the laws of the State of Washington, and you must state the date when signed and place (city and state) where you signed it.

Complete your petition with as much information as you can to describe why you think the Respondent should be detained.

- B. In support of your petition, other family members, landlords, neighbors, teachers, school personnel, or anyone else with significant contact and a history of involvement with the person may also provide a declaration. They must sign their declaration under penalty of perjury under the laws of the State of Washington, and they must state the date when signed and place (city and state) where they signed it.

3. Where Do You File Your Petition?

File your petition and any witness declarations with the clerk of the superior court in the county where the DCR ITA investigation:

- occurred; **or**
- was requested to occur.

Go to this web page for a list of county courts and clerks offices:

http://www.courts.wa.gov/court_dir/?fa=court_dir.county

Note: If at any time a DCR files a petition for the initial detention of the same person you are seeking to have detained, the court will dismiss your petition and the petition filed by the DCR will move forward.

4. What Happens After You File the Petition?

- A. Within one judicial day, a judicial officer (either a judge or commissioner) will review your petition and any other declarations. That judicial officer will decide

whether the documents raise sufficient evidence to support your request for the detention of the person.

1. If there is not sufficient evidence, the judicial officer will dismiss your petition. You will receive a copy of the court's dismissal order.
 2. If there is sufficient evidence, the judicial officer will provide a copy of the petition to the DCR agency. The court will order the agency, within one judicial day, to file a written sworn statement describing the basis for the decision not to seek the initial detention. The agency must provide documents supporting its decision.
- B. After you file your petition and before the judicial officer makes a decision, anyone may file a written sworn declaration in support of, or in opposition to, your petition.
- C. The judicial officer will review all information provided to the court.
- D.  No later than five judicial days after the date you file the petition, the judicial officer will issue a final decision.
1. If there is insufficient probable cause to support the petition, the court will deny the petition. You will receive a copy of the court's dismissal order.
 2. If there is probable cause to support the petition, and the person refuses or does not accept voluntary evaluation and treatment, the court will grant the petition.
 3. If the person is 18 or older, the court may issue:
 - An order directing the DCR to file a Petition for Assisted Outpatient Behavioral Health Treatment;
- OR
- An order for initial detention for evaluation and treatment for not more than 120 hours, and a written order of apprehension by law enforcement for delivery to the facility or emergency room determined by the DCR.
 4. If the person is an adolescent, the court must issue an order for initial detention for evaluation and treatment for not more than 120 hours, and an order of apprehension by law enforcement for delivery of the person to the facility as determined by the DCR.
 5. The initial detention order remains valid for up to 180 days.
 6. You will receive a copy of the court's order/s.

Superior Court of Washington

County of _____

In re the detention of _____

Case No. _____

**Petition for Initial Detention by
Family, Guardian, Conservator, or
Federally Recognized Indian Tribe**

Respondent (person to be detained) **DOB** _____

**(PMIR, PMINE, paragraph 3)
(Cause code – MIF)**

To ask the court to detain the Respondent, complete and file with the clerk of the court:

1. this petition **and**
2. the Declaration in Support of Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe

You may also file signed declarations from family members, landlords, neighbors, teachers, school personnel, or anyone else with significant contact and a history of involvement with the Respondent.

I, (name of petitioner) _____, am filing this Petition for Initial Detention to ask the court to detain the Respondent for behavioral health disorder evaluation and treatment.

1. Petitioner's Relationship to the Respondent

I am the Respondent's:

- spouse domestic partner child stepchild parent
- stepparent grandparent brother sister
- guardian* conservator*

*The Guardianship/Conservator case number is _____ and it is filed in _____ County Superior Court.

I am an authorized representative of a federally recognized Indian tribe, of which the Respondent is a member.

Name of federally recognized Indian tribe: _____

2. Petitioner's Contact Information

My contact information is:

Telephone: _____

Email address: _____

Mailing address: _____

3. Information about the Designated Crisis Responder (DCR) Investigation

An investigation by a DCR was requested on (date) _____ in _____ County.

Name of DCR and agency: _____

Telephone number: _____

What happened:

(PMIR) [] The DCR investigated the Respondent on (date) _____ and decided not to detain the Respondent for evaluation and treatment.

or

(PMINE) [] 48 hours or more have passed since the DCR received a request for investigation and the DCR has not taken any action to detain the Respondent.

4. Time for Filing the Petition

I am filing this petition within 10 calendar days following the DCR investigation, or following the request for DCR investigation if the DCR has not taken any action.

5. Correct County

I am filing the petition in this county because this is where the DCR investigation occurred or where the investigation was requested to occur.

Petitioner signs here:

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

Petitioner signs here Print name Date

Petitioner's lawyer (if any) fills out below:

Petitioner's lawyer signs here Print name and WSBA No. Date

Superior Court of Washington

County of _____

In re the detention of _____

Case No. _____

Declaration in Support of Petition for Initial Detention by Family, Guardian, Conservator, or Federally Recognized Indian Tribe (DCLR)

Respondent (person to be detained) **DOB** _____

My name is: _____

My relationship to the Respondent is (for example: spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, brother, sister, guardian/conservator, landlord, neighbor, teacher, school personnel, or friend): _____

My contact information is:

Telephone: _____

Email address: _____

Mailing address: _____

Read carefully and answer each question below:

Recent Behaviors

As a result of a behavioral health disorder:

Harm to self: Is there substantial risk that physical harm will be inflicted by a person upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm on themselves (for example, has the Respondent recently threatened or attempted to kill, or badly and physically hurt themselves)? [] yes [] no [] don't know

Harm to others: Is there a substantial risk that physical harm will be inflicted by this person upon another, as evidenced by behavior which has caused such harm or which places another

person or persons in reasonable fear of sustaining such harm (for example, has the Respondent recently physically hurt someone, and/or threatened or attempted to physically hurt someone)? yes no don't know

Harm to others' property: Is there a substantial risk that physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others (for example, has the Respondent recently physically damaged someone's property, and/or threatened or attempted to physically damage someone's property)? yes no don't know

Gravely disabled (a): Is the Respondent in danger of serious physical harm resulting from a failure to provide for their essential human needs of health or safety (for example, is the Respondent unable to provide for their basic needs of food, clothing, shelter, and/or medical care)? yes no don't know

Is there a high probability of serious physical harm within the near future without adequate treatment? yes no don't know

Gravely disabled (b): Does the Respondent manifest severe deterioration in routine functioning, evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions, and is the Respondent **not receiving such care as is essential for their health or safety** (for example, is the Respondent's mental control or decision-making ability getting worse and preventing the Respondent from receiving care for the basic needs of food, clothing, shelter, and/or medical care)? yes no don't know

Will harmful consequences occur to the Respondent without treatment? yes no don't know

Refused evaluation and treatment: Has the Respondent refused or failed to accept evaluation and treatment voluntarily? yes no don't know

Statement

For each question you answered with yes, describe the behavior, starting with the most recent, that caused you to answer yes. Be as detailed in your descriptions as possible and include dates for each event or example, if you can, and explain how you know the information (for example, the Respondent told you the information, or you saw the Respondent do the things you are describing):

 _____

Past Behaviors or Actions

Does the Respondent have a history of one or more violent acts (for example, within the last ten years, has the Respondent killed or caused nonfatal injuries to someone, attempted to kill themselves, or caused substantial damage to property)? yes no don't know

Are the symptoms and behaviors you described above closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts (for example, is the Respondent acting now in a way that Respondent previously acted when: (a) Respondent was detained or committed, (b) had a major worsening of symptoms and/or behavior, or (c) killed or hurt someone, attempted to kill themselves, or caused substantial damage to property)? yes no don't know

Do the symptoms and behaviors you described above represent a marked and concerning change in the baseline behavior of the Respondent (for example, is the Respondent's behavior or symptoms worse compared to how the Respondent usually acts or behaves)? yes no don't know

Without treatment for the symptoms and behaviors you described above, is the continued deterioration of the Respondent probable (for example, will the Respondent continue to get worse without help)? yes no don't know

For each question you answered with yes, give recent examples below of the symptoms or behavior that supports the risk, harm, or deterioration that caused you to answer yes. Be as specific in your descriptions as possible. Include dates for each event or example, if possible.

Also, please explain how you know the information you are providing in this declaration (for example, the Respondent told you the information, or you saw the Respondent do the things you are describing). Attach additional paper (preferably lined paper) if you need more space:

Is there any other past behavior, including violent acts, the Respondent committed that you want the court to know about? If yes, please give recent examples below of that behavior. Be as specific in your descriptions as possible. Include dates for each event or example, if possible.

Also, please explain how you know the information you are providing in this declaration (for example, the Respondent told you the information, or you saw the Respondent do the things you are describing). Attach additional paper (preferably lined paper) if you need more space:

Has the Respondent been judicially required or administratively ordered to take antipsychotic medication while in confinement? [] yes [] no [] don't know

If yes, provide as much information as you can, including who ordered the Respondent to take antipsychotic medication while in confinement, and when:

Document/s to Support Your Petition

If you have any documents to support your petition, list them below and attach copies. These documents may include police reports, prior mental disorder or competency evaluations, prior substance use disorder evaluations, prior recommendations to have an evaluation for civil involuntary treatment commitment, prior civil or criminal involuntary treatment commitment orders, or photographs.

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 _____

Compare Results

Old File:

MP 01.0700 Joels Law Order For Initial Detention or DCR Petition_2020 06.pdf

6 pages (41 KB)
6/10/2020 12:23:46 AM

versus

New File:

MP 01.0700 Joels Law Order For Initial Detention or DCR Petition_2021 01.pdf

6 pages (233 KB)
12/10/2020 12:27:13 AM

Total Changes

226

Content

57 Replacements
29 Insertions
19 Deletions

Styling and Annotations

121 Styling
0 Annotations

[Go to First Change \(page 1\)](#)

**Superior Court of Washington
County of _____**

In re the detention of _____

Respondent (person to be detained) **DOB** _____

Petitioner _____

Case No. _____

Joel's Law Order

For DCR to File Petition for Assisted Outpatient Behavioral Health Treatment (ORDFAOT)

For Initial Detention (ORDTCOC)

Clerk's Action Required:
Order, paragraph 2 or 3

Basis

On (date) _____, a Petition was filed by an immediate family member/s, guardian, or conservator of the Respondent, or a federally recognized Indian tribe of which the Respondent is a member, for the involuntary detention of the Respondent.

On (date) _____, the Court found sufficient evidence to support the allegation and ordered the Designated Crisis Responder (DCR) agency to provide a written sworn statement describing the basis for the decision not to seek initial detention and a copy of all information material to that decision within one judicial day.

Findings of Fact

Jurisdiction: The Court has jurisdiction over the person and subject matter of this action.

The Court has reviewed the following:

- Petition for Initial Detention by Immediate Family Member, Guardian, Conservator, or Federally Recognized Indian Tribe.

Case No. _____

Declaration/s of: _____

Written sworn statement of the Designated Crisis Responder.

Other: _____

A review of the Petition shows that there is sufficient evidence to conclude that Petitioner is an immediate family member, the guardian, the conservator of the Respondent, or a federally recognized Indian tribe of which the Respondent is a member. A review of the Petition and all of the supporting documentation shows sufficient evidence to support the allegation/s as follows:

The Respondent has a behavioral health disorder history consisting of (insert facts specific to this case):

An immediate family member, guardian, conservator of the Respondent, or a federally

recognized Indian tribe of which the Respondent is member, filed a Petition in accordance with RCW 71.05.201 or 71.34.710.

There is probable cause to order the DCR to file a petition for assisted outpatient behavioral health treatment because the Respondent as a result of a mental disorder substance use disorder co-occurring disorder:

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

is unlikely to voluntarily 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;

is likely to benefit from less restrictive alternative treatment; and/or

requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the Respondent presenting a likelihood of serious harm or the Respondent becoming gravely disabled within a reasonably short period of time.

There is probable cause to support an order to detain the Respondent pursuant to the petition because *(check all that apply)*:

The Respondent presents a likelihood of serious harm. There is a substantial risk that the Respondent, as a result of a mental disorder substance use disorder co-occurring disorder *(check all that apply)*:

presents a likelihood of serious physical harm to themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm on themselves;

presents a likelihood of serious physical harm to others, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm;

presents a likelihood of serious physical harm to the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or

The Respondent presents a likelihood of serious harm. The person has threatened the physical safety of another and has a history of one or more violent acts.

The Respondent is gravely disabled, and as a result of a mental disorder substance use disorder co-occurring disorder *(check all that apply)*:

is in danger of serious physical harm resulting from a failure to provide for their 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 their actions and is not receiving such care as is essential for their health or safety.

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

A DCR has not filed a petition for initial detention of the Respondent under RCW 71.05.150, 71.05.153, or 71.34.700.

Conclusions of Law

On the basis of the foregoing Findings of Fact, the Court makes the following Conclusions of Law:

1. The Court has jurisdiction over the Respondent and subject matter of this action;
2. Probable cause exists to order:
 - the DCR to file a petition for assisted outpatient behavioral health treatment (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 program for no more than 120 hours (excluding Saturdays, Sundays, and legal holidays) of evaluation and treatment pursuant to ch. 71.05 or 71.34 RCW;
3. Respondent has refused or failed to accept evaluation and treatment voluntarily.

Order

The DCR is directed to file a Petition for Assisted Outpatient Behavioral Health Treatment. **(ORDFAOT)**

For Initial Detention of a Person 18 Years or Older: **(ORDTCOC)**

1. The Respondent shall be detained for initial detention by a DCR and delivered to a facility or emergency room determined by the DCR pursuant to ch. 71.05 RCW.
2. The clerk of the court is directed to transmit a copy of this Order to the DCR Agency. Law Enforcement shall apprehend and deliver the Respondent to a facility or emergency room determined by the DCR. This Order expires 180 days from the date of issuance.
3. Unless further evaluation and treatment is sought, the Respondent shall be released from the evaluation and treatment facility not more than 120 hours from the time of detention. The 120 hours shall exclude Saturdays, Sundays, and holidays.
4. At the time the Respondent is taken into custody, the Respondent shall be served with a copy of the original:
 - Petition for Initial Detention and any Declarations filed with the Petition,
 - Declaration of the DCR and any materials filed with the Declaration/s,
 - This Order and the Order directing action and today's hearing, and
 - Notice of Rights.

For Initial Detention of an Adolescent: **(ORDTCOC)**

1. The Respondent shall be detained for initial detention by a DCR and delivered to a facility determined by the DCR under ch. 71.34 RCW.
2. The clerk of the court is directed to transmit a copy of this Order to the DCR Agency. Law Enforcement shall apprehend and deliver the Respondent to a facility determined by the DCR. This Order expires 180 days from the date of issuance.

3. Unless further evaluation and treatment is sought, the Respondent shall be released from the evaluation and treatment facility not more than 120 hours from the time of detention. The 120 hours shall exclude Saturdays, Sundays, and holidays.
4. At the time the Respondent is taken into custody, the Respondent shall be served with a copy of the original:
 - Petition for Initial Detention and any Declarations filed with the Petition,
 - Declaration of the DCR and any materials filed with the Declaration/s,
 - This Order and the Order directing action and today's hearing, and
 - Notice of Rights.

Notice of Rights

THE RESPONDENT IS GIVEN NOTICE OF THE FOLLOWING RIGHTS:

1. You have the right to communicate with an attorney immediately and the right to have an attorney represent you before and during any court hearing, and to have such attorney appointed if you cannot afford one and the right to know the name and address of said attorney. You are entitled to contact an attorney of your choosing, or in place thereof, an attorney will be appointed to represent you.
2. You have the right to remain silent, as any statement you make may be used against you.
3. You have the right to present evidence and to cross-examine witnesses who may testify about you at any probable cause hearing.
4. You have the right to a judicial hearing in a court of law within the next 120 hours (excludes Saturday, Sunday, and legal holidays) to determine whether there is probable cause to commit you for further mental health treatment for up to 14 days of inpatient or 90 days of outpatient treatment as you are a person whose behavioral health disorder presents a likelihood of serious harm to yourself or others, or that you are gravely disabled.

(Commitment for 90 days of outpatient treatment is not an option for adolescents detained under RCW 71.34.)
5. You have the right to apply for voluntary admission for treatment of a behavioral health disorder.
6. You have the right, within 24 hours of admission, to be examined and evaluated by a physician, physician assistant, or advanced registered nurse practitioner, and a mental health or substance use disorder professional and you shall receive such treatment and care as your condition requires for the period that you are detained.
7. You have the right to have reasonable precautions taken when your personal property is taken for inventory and safeguarding at the time you are involuntarily admitted to an evaluation and treatment facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program. A copy of the inventory,

Case No. _____

signed by the staff member making it, will be given to you and will also be open to inspection by any responsible relative, subject to any limitations you may impose. "Responsible relative" includes the guardian, conservator, attorney, spouse, parent, adult child, or adult brother or sister of the person. The facility will not disclose the contents of the inventory to any other person without your consent or an order of the court.

8. If you are age 18 or older, you have the right to dispose of property and to sign contracts unless you have been adjudicated incompetent in a court proceeding directed to that particular issue.
9. You have the right to refuse psychiatric medication, including antipsychotic medication, beginning 24 hours prior to the probable cause hearing, except for adolescents detained under ch. 71.34 RCW. You also have the right to refuse the performance of electroconvulsive therapy or surgery, except emergency lifesaving surgery, unless ordered by a court of competent jurisdiction under the appropriate legal standards and procedures.
10. If antipsychotic medications are administered in an emergency, you have the right to a review of that decision within 24 hours.
11. You have the right not to have psychosurgery performed on yourself under any circumstances.
12. You have the right to receive the necessary papers pursuant to the law.
13. Except when deprivation is essential to protect your safety or the safety of others, you have the right to:
 - wear your own clothes, and to keep and use your own personal possessions.
 - keep and be allowed to spend a reasonable sum of your own money for canteen expenses and small purchases.
 - have access to individual storage space for your private use.
 - have visitors at reasonable times.
 - have reasonable access to a telephone, to both make and receive confidential calls.
 - have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mail.

Dated: _____

Judge / Court Commissioner

Compare Results

Old File:

**MP 410 Findings Conclusions Order
Committing Resp for IT 14 90 LRA AOT_2020
06.pdf**

6 pages (69 KB)
6/9/2020 11:20:06 PM

versus

New File:

**MP 410 Findings Conclusions Order
Committing Resp for IT 14 90 LRA AOT_2021
01.pdf**

6 pages (413 KB)
12/9/2020 10:28:17 PM

Total Changes

224

Content

31 Replacements
29 Insertions
19 Deletions

Styling and Annotations

145 Styling
0 Annotations

[Go to First Change \(page 1\)](#)

Superior Court of Washington

County of _____

| | |
|---|---|
| In re the Detention of: _____ Respondent | Case No. _____ Findings, Conclusions, and Order Committing Respondent for Involuntary Treatment, Less Restrictive Alternative Treatment, or Assisted Outpatient Behavioral Health Treatment |
|---|---|

Select all that apply:

| | |
|--|---|
| <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> 14-day involuntary inpatient treatment (ORDT14) | <input type="checkbox"/> 14-day involuntary inpatient treatment (ORDT14S) |
| <input type="checkbox"/> 90-day LRA (ORDL90) | <input type="checkbox"/> 90-day LRA (ORDL90S) |
| <input type="checkbox"/> 90-day AOT (AOTL90) | <input type="checkbox"/> 90-day AOT (AOTL90S) |

LRA/AOT Expires on _____.

Hearing

- The court held a hearing on (date) _____ on the:
- Petition for 14 days of involuntary treatment OR 90 days of less restrictive alternative treatment.
 - Petition for 90 days of assisted outpatient behavioral health 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 substance use disorder treatment.)

Before this order was entered the court and/or the prosecutor notified the 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: _____

As a result of the above disorder/s (check the boxes that apply and write facts in support below):

Likelihood of serious harm or gravely disabled:

- There is a substantial risk that Respondent:
 - 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 has threatened the physical safety of another and has a history of one or more violent acts.
- Respondent's condition is such that Respondent:
 - 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 actions and is not receiving such care as is essential for health and safety.

Facts in support: _____

In need of assisted outpatient behavioral health treatment:

- Respondent:
 - has been committed by a court to detention for involuntary behavioral health treatment during the preceding 36 months (excluding confinement as a result of a criminal conviction);
 - is unlikely to voluntarily participate in outpatient treatment without an order for less restrictive alternative treatment, based on a history of nonadherence with treatment or in view of the person's current behavior;
 - is likely to benefit from less restrictive alternative treatment;
 - requires less restrictive alternative treatment to prevent a relapse, decompensation, or deterioration that is likely to result in the Respondent presenting a likelihood of serious harm or the Respondent becoming gravely disabled within a reasonably short period of time; and
 - does not present a likelihood of serious harm and is not gravely disabled.

Facts in support: _____

5. Less Restrictive Alternative Treatment.

Less restrictive alternative treatment is in the best interest of the Respondent or others. (Explain:)

OR

Less restrictive alternative treatment is not in the best interest of the 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 the Respondent is available is not available.

An approved substance use disorder treatment program with adequate space for the 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 mental illness proceeding.

10. Criteria. The Petitioner established by a preponderance of the evidence that the Respondent:

presents a likelihood of serious harm.

is gravely disabled.

is in need of assisted outpatient behavioral health treatment and the Respondent does not present a likelihood of serious harm and is not gravely disabled.

The Court Orders:

11. Involuntary Treatment as follows:

14-Day Commitment. The 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:

Inpatient mental health treatment at: _____

Secure withdrawal management and stabilization facility at: _____

Approved substance use treatment program at: _____

Other: _____

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 (DCR).

Less Restrictive Treatment as follows:

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

mental health treatment substance use disorder treatment

90-Day Assisted Outpatient Behavioral Health Treatment. The Respondent is released for assisted outpatient treatment on a less restrictive alternative (AOT) for up to 90 days:

mental health treatment substance use disorder treatment

LRA/AOT services and conditions:

(name) _____ is the behavioral health service provider responsible for identifying the services the Respondent will receive in accordance with RCW 71.05.585.

The following treatment conditions or other conditions are in the best interest of the Respondent and others:

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

Violation and Hospitalization. If a treatment agency or facility, or a Designated Crisis Responder (DCR) determines that the Respondent is not following the terms and conditions of this order, that substantial deterioration or decompensation in 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, a hearing shall be held within five 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 RCW 71.05.590).

- 12. **Transportation.** The Respondent is remanded into the custody of _____ for transportation and delivery to the treatment facility.
- 13. **Concurrent Jurisdiction.** The Respondent will be placed 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.
- 14. **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.
- 15. **Firearms Possession Prohibited.** (not applicable for 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.
- 16. **Notice to Department of Corrections.** If Respondent is, or becomes, subject to supervision by the Department of Corrections, Respondent must notify the treatment provider. Respondent's mental health treatment information and substance use disorder treatment information must also be shared with the Department of Corrections for the duration of the Respondent's incarceration and supervision, under RCW 71.05.445. Upon a petition by a person who does not have a history of one or more violent acts, the court may, for good cause, find that public safety would not be enhanced by the sharing of this information.
- 17. **Other.** _____

Dated _____

Judge / Commissioner

Approved for entry _____

Approved for entry _____

Attorney for Petitioner DPA/AAG

Attorney for Respondent

WSBA No. _____

WSBA No. _____

Respondent

Interpreter certifies that they have reviewed this order with the Respondent.

Interpreter

Compare Results

Old File:

MP 430_71.05 findings-conclusions-order-authorizing-anti-psychotic-medication 2020 06.pdf

3 pages (48 KB)
6/9/2020 11:21:15 PM

versus

New File:

MP 430_71.05 findings-conclusions-order-authorizing-anti-psychotic-medication_2021 01.pdf

3 pages (290 KB)
12/9/2020 11:06:08 PM

Total Changes

148

Content

30 Replacements
17 Insertions
8 Deletions

Styling and Annotations

93 Styling
0 Annotations

[Go to First Change \(page 1\)](#)

Superior Court of Washington

County of _____

| | |
|--------------------------------------|---|
| In re the Detention of: _____ | Case No. _____ Findings, Conclusions, and Order Authorizing Administration of Anti-Psychotic Medications (ORAUMED) |
| Respondent | |

Hearing

The court held a hearing on the petition to administer anti-psychotic medications filed by
 Western State Hospital Eastern State Hospital _____.

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 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

The court considered the documents filed for this hearing, the testimony of witnesses, relevant court records, and argument of counsel.

Findings of Fact. The court makes the following Findings of Fact and finds by clear, cogent, and convincing evidence that:

1. **Notice.** The Respondent was provided all notice and statements of rights related to the petition, and that petition was filed on _____.
2. **Consent to treatment.**
 The Respondent did not consent to treatment with anti-psychotic medications.
3. **Medication Rights.**
 The Respondent was advised of their right to refuse medication 24 hours prior to the hearing on this petition and those rights were respected.
 Anti-psychotic medications were administered 24 hours prior to this hearing over the refusal of the Respondent and under circumstances which constituted an emergency.
4. **Reasons for the Use of Anti-Psychotic Medication.** The Petitioner/s have a compelling interest in administering anti-psychotic medication to the Respondent because the failure to medicate (*check all that apply*):
 may result in a likelihood of serious harm.
 may result in substantial deterioration.
 may substantially prolong the length of involuntary commitment.

There is no less intrusive course of treatment than medication, in the best interest of Respondent.

Explain:

5. **Medically Acceptable Alternative Treatment is Unavailable.** Anti-Psychotic medication is necessary and effective treatment for the Respondent, as evidenced by Respondent's prognosis with and without the treatment. Medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective because:

6. **Rational Decision.** The Respondent would consent to being treated with anti-psychotic medication if the Respondent were capable of making a rational and informed decision concerning treatment. This court is substituting its judgment for that of the Respondent's.

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

8. **Other.** _____

Conclusions of Law. The court makes the following Conclusions of Law:

9. **Jurisdiction.** The court has jurisdiction over the person and subject matter in this case. The Petition to Administer Anti-Psychotic Medication was filed in a timely manner.

10. The Respondent may be involuntarily treated with anti-psychotic medication and side effect medication at clinically appropriate levels, over the Respondent’s objections and express refusal for the period of the current involuntary treatment order, and any interim period during which the Respondent is awaiting trial or a hearing on a new petition for involuntary treatment or involuntary medication.

11. **Other.** _____

Order. The court orders that:

12. **Anti-Psychotic Medication.** The Petitioner and the hospital and/or other treatment providers are authorized to administer:

Anti-psychotic medications as requested in the petition; or

and side effect medications at clinically appropriate levels to the Respondent, over the Respondent’s objections and express refusal.

13. **Duration.** Anti-psychotic medication is authorized for the period of the current involuntary treatment order, and any interim period during which the Respondent is awaiting trial or a hearing on a new petition for involuntary treatment or involuntary medication.

14. **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 the Respondent.

Interpreter

12/10/2020 1:22:53 AM

Compare Results

Old File:

MP 450_71.05 order-for-dismissal_2020 06.pdf

2 pages (23 KB)

6/9/2020 11:22:48 PM

versus

New File:

MP 450_71.05 order-for-dismissal_2021 01.pdf

2 pages (203 KB)

12/9/2020 11:15:05 PM

Total Changes

107

Content

17 Replacements
13 Insertions
5 Deletions

Styling and Annotations

72 Styling
0 Annotations

[Go to First Change \(page 1\)](#)

Superior Court of Washington

County of _____

| | |
|---|---|
| In re the Detention of: _____ Respondent | Case No. _____ Order for Dismissal (ORDSM) Clerk's action required: 7, [] 9 |
|---|---|

A petition was filed in this case for:

- 120-hours 14 Days 90 Days 180 Days 1 Year of involuntary treatment.
- revocation of a less restrictive alternative treatment order / conditional release filed in this proceeding.
- involuntary administration of anti-psychotic medications.
- Petitioner requested a voluntary dismissal pursuant to CR 41.
- Respondent requested a dismissal on the following basis:
 - Petitioner failed to meet the burden of proof.
 - Respondent accepted voluntary treatment.
 - Petitioner did not submit a petition for 14-day involuntary treatment.
 - Other: _____

The following people were present at the hearing:

- Respondent appeared in person appeared 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

Findings of Fact

The court makes the following findings of fact (*check all that apply*):

1. No petition for 14-day commitment was filed.
2. Following a hearing, the Petitioner has failed to meet their burden of proof to establish a need for detention, revocation, involuntary medication, or treatment in a less restrictive alternative.
3. Upon motion, it is appropriate to dismiss the petition without a hearing
 based on the stipulation of the parties or for the following reason(s):

4. The Respondent was not committed for involuntary treatment under RCW 71.05.240 and was initially detained on (date) _____ on the grounds that the Respondent presents a likelihood of serious harm.
5. Agreed Order. Respondent, after consultation with counsel, agrees to the entry of this order.
6. Other. _____

The Court Orders:

7. The petition is dismissed.
8. A less restrictive alternative treatment order dated _____ remains in effect.
9. **(Check only if #4 is selected above.)** The clerk is directed to forward a copy of the Respondent's driver's license, identicard, or comparable information (name, address, and date of birth) **and** the date of release from the facility to the Department of Licensing and Washington State Patrol.

| |
|--|
| Submit to: Dept. of Licensing, Business & Professions Firearms Unit, firearms@dol.wa.gov (PO Box 9649, Olympia, WA 98507-9649) and Washington State Patrol, ita@wsp.wa.gov (Attn: ACCESS Section, PO Box 42619, Olympia, WA 98501). |
|--|

10. Other. _____

Dated _____

Approved as to form

Attorney for Petitioner DPA/AAG
WSBA No. _____

Judge / Commissioner

Approved as to form

Attorney for Respondent
WSBA No. _____

Respondent

Interpreter certifies that they have reviewed this order with the Respondent.

Interpreter

Compare Results

Old File:

**MP 460 Order Revoking LRA Treatment
Conditional Release_2020 06.pdf**

4 pages (53 KB)
6/9/2020 11:23:14 PM

versus

New File:

**MP 460 Order Revoking LRA Treatment
Conditional Release_2021 01.pdf**

4 pages (384 KB)
12/9/2020 11:28:16 PM

Total Changes

145

Content

23 Replacements
18 Insertions
8 Deletions

Styling and Annotations

96 Styling
0 Annotations

[Go to First Change \(page 1\)](#)

Superior Court of Washington

County of _____

| | |
|--|---|
| In re the Detention of: _____ Respondent | Case No. _____ Order Revoking Less Restrictive Alternative Treatment / Conditional Release (ORLRAT) |
|--|---|

Hearing

The court held a hearing on the petitioner/s' court's revocation petition/motion in this case.

The following people were present 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 written findings of fact and conclusions of law, the court incorporates by reference the oral findings of fact and conclusions of law.

Findings of Fact

1. The court reviewed the relevant court file and received testimony, if any, and finds by clear, cogent, and convincing evidence that:
 - Waiver of Hearing.** Respondent waives hearing on the revocation petition and agrees to hospitalization.
 - Less Restrictive Alternative (LRA) Based on Felony Charges, Likelihood of Harm, Gravely Disabled:**
 - Violation of Order.** Respondent violated the terms and conditions of the order and judgment for less restrictive alternative treatment/conditional release entered into on _____ by: _____
 - Substantial Deterioration of Functioning.** A substantial deterioration of the Respondent's functioning has occurred.
 - Substantial Decompensation.** Respondent has suffered substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment.
 - Likelihood of Serious Harm.** Respondent poses a likelihood of serious harm.
 - LRA Based On Assisted Outpatient Behavioral Health Treatment.** As a result of a behavioral health disorder:
 - Likelihood of Serious Harm.**
 - There is a substantial risk that Respondent:
 - 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 on the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.
 - The person has threatened the physical safety of another and has a history of one or more violent acts.
 - Gravely Disabled.** Respondent is gravely disabled.
 - Respondent is in danger of serious physical harm resulting from a failure to provide for their essential human needs of health or safety.
 - Respondent 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 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 are no 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 was committed for inpatient treatment.

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

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

An approved substance use disorder treatment program with adequate space for the respondent is available is not available.

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

4. Other. _____

Conclusions of Law

The court makes the following conclusions of law:

5. Jurisdiction. The court has jurisdiction over the parties and subject matter of this mental illness proceeding.

6. Commitment for Inpatient Treatment. The court should order the Respondent committed for a period of inpatient treatment.

7. Other. _____

Orders

The court orders that:

8. Remand and Commitment. Respondent is remanded into the custody of Department of Social and Health Services (DSHS) or to a facility certified by the Department of Health for commitment:

Inpatient mental health treatment at: _____

Secure withdrawal management and stabilization facility at: _____

Approved substance use disorder treatment program at: _____

Other: _____

for a period not to exceed (*select one*):

(check only if LRA was based on an initial detention petition or a 14-day inpatient treatment/90-day less restrictive treatment petition.)

14 days from (date of revocation hearing): _____

(check only if LRA was based on a 90-day or 180-day inpatient treatment or less restrictive treatment petition.)

(number of days remaining on the LRA): _____ days

9. Escape and Recapture. If the Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return the Respondent to the 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.

10. Other. _____

Dated _____

Judge / Commissioner

Approved for entry _____

Approved for entry _____

Attorney for Petitioner DPA/AAG

Attorney for Respondent

WSBA No. _____

WSBA No. _____

Respondent

Interpreter certifies that they have reviewed this order with the Respondent.

Interpreter

Compare Results

Old File:

**MP 470_71.05 Order After Review Under RCW
71.05.235_2020 06.pdf**

2 pages (16 KB)
6/9/2020 11:23:37 PM

versus

New File:

**MP 470_71.05 Order After Review Under RCW
71.05.235_2021 01.pdf**

2 pages (105 KB)
12/9/2020 11:40:17 PM

Total Changes

62

Content

6 Replacements
8 Insertions
2 Deletions

Styling and Annotations

46 Styling
0 Annotations

[Go to First Change \(page 1\)](#)

Superior Court of Washington

County of _____

| | |
|--|---|
| In re the Detention of: _____ Respondent | Case No. _____ Order After Review under RCW 71.05.235 <input type="checkbox"/> ODCLD (released) <input type="checkbox"/> ORDRSP (detained) |
|--|---|

Introduction

Respondent was charged with the misdemeanor of _____, a serious offense, in _____ court, case number _____. The court dismissed the charges after finding that the Respondent was incompetent to stand trial.

The Court Ordered:

The Designated Crisis Responder (DCR) to evaluate Respondent for a civil commitment evaluation under 71.05 RCW. The court reviewed the DCR's transmittal letter dated _____ advising the court of the decision not to detain the Respondent or file a petition for a 90 day less restrictive alternative.

The court determines that:

- Respondent should not be evaluated at an evaluation and treatment facility.
- Respondent should be evaluated at an evaluation and treatment facility because:



The court orders that:

- Respondent will not be detained at an evaluation and treatment facility.
- Respondent is detained at the _____ evaluation and treatment facility for up to 120 hours for evaluation and treatment.
- Respondent is remanded into the custody of _____ for transportation and delivery to the evaluation and treatment facility.

- The Respondent was detained at an evaluation and treatment facility for 120 hours for a civil commitment evaluation. The court reviewed a transmittal letter dated _____ advising the court of the recommendation to release the Respondent.

The court determines that:

- Respondent should be unconditionally released.
- Respondent should not be unconditionally released because:

The Court Orders:

- Respondent is unconditionally released. **(ODCLD)**
- Respondent is detained at the _____ evaluation and treatment facility for up to 120 hours for evaluation and treatment. **(ORDRSP)**
- Respondent is remanded into the custody of _____ for transportation and delivery to the evaluation and treatment facility. **(ORDRSP)**

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 the Respondent.

Interpreter