

DOB: \_\_\_\_\_

**Clerk's Action Required:** [ ] 4

4. **Within 24 hours** of signing this order, the [ ] clerk [ ] prosecuting attorney or [ ] defense attorney shall provide this order to the jail facility where the defendant is currently held, if they are still in custody, and *(check one of the following)*:

[ ] DSHS Office of Forensic Mental Health Services  
[ofmhscourtorders@dshs.wa.gov](mailto:ofmhscourtorders@dshs.wa.gov)

---

[ ] Child Study and Treatment Center  
[cstcforensicsteam@dshs.wa.gov](mailto:cstcforensicsteam@dshs.wa.gov)

---

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Judge**

Print Name: \_\_\_\_\_

Approved as to form:

Approved as to form:

\_\_\_\_\_  
Deputy Prosecuting Attorney

\_\_\_\_\_  
Attorney for Defendant

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_