

Based upon my personal observation and/or information obtained from reliable people and/or investigation, and/or following an interview with the respondent, **the facts that led me to conclude that the respondent suffers from a behavioral health disorder are as follows:**

Facts that led me to conclude that the respondent presents an imminent likelihood of serious harm and/or is in imminent danger because they are gravely disabled are as follows:

No less restrictive alternative than detention, including voluntary hospitalization or detoxification services, is clinically appropriate, necessary, and in the best interest of the respondent or others because:

7. To have the court appoint a reasonably available independent professional person to examine you and testify at the hearing, at public expense, if you are unable to pay.
8. To refuse psychiatric medication, including antipsychotic medications, beginning 24 hours prior to the probable cause hearing. (This does not apply to minors detained per Ch. 71.34 RCW.)
9. To view and copy all petitions and reports in the court file.

Served on:

Respondent/Respondent's Attorney

Print Name

Dated: _____, 20__.

Reviewed and/or read by:

Legal Guardian or Conservator

Print Name

Dated: _____, 20__.

Served by:

Designated Crisis Responder

Print Name

Dated: _____, 20__.

DEMOGRAPHIC INFORMATION (Optional)

Respondent _____ Date _____

1. Address _____ Phone _____

2. Date of Birth _____

3. [] S [] M [] D [] W [] SEP/Spouse's name _____

4. Employment _____

5. Ethnicity: _____ 6. Primary Language: _____

7. Tribal Affiliation: [] Yes [] No

If "Yes", then is the respondent served by an Indian healthcare provider? [] Yes [] No

Tribe/Indian healthcare provider contact:

Agency: _____

Contact Person: _____

Phone: _____

Tribal Notification: [] Yes [] No

8. [] Nearest relatives/significant others [] Legal guardian/conservator

| Relationship | Name | Address | Phone |
|--|----------------|------------|-------------------|
| 9. Alcohol/Drug History/Treatment _____ | | | |
| 10. Witness: Available for hearing: [] Yes [] No | | | |
| a. _____ | | | H: W: Phone |
| Relationship | Name | | H: W: Phone |
| b. _____ | | | H: W: Phone |
| Relationship | Name | | H: W: Phone |
| 11. Mental Health Provider information: [] Registered [] Terminated [] No Record or Unknown [] Enrolled: Provider/PCP: _____ | | | |
| 12. Other agencies involved with Respondent: | | | |
| Agency | Contact Person | Phone | |
| 13. BH-ASO of Residence: _____ /DCR: _____ | | | |
| Completed by: _____ | | _____ | |
| Petitioner | | Print Name | |