

Superior Court of Washington, County of _____

<p>In re Detention of:</p> <p>_____</p> <p>Respondent _____ DOB _____</p>	<p>Case No. _____</p> <p>Petition for Involuntary Treatment or Less Restrictive Alternative Treatment</p> <p>Clerk Action Required</p>
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Select only one:	Mental Disorder	Substance Use Disorder	Mental & Substance Use Disorders (Combined)
14-day commitment	<input type="checkbox"/> (PITM14)	<input type="checkbox"/> (PITM14S)	<input type="checkbox"/> (PITM14C)
90-day commitment (Adult only)	<input type="checkbox"/> (PITM90)	<input type="checkbox"/> (PITM90S)	<input type="checkbox"/> (PITM90C)
90-day LRA (Adult only)	<input type="checkbox"/> (PITL90)	<input type="checkbox"/> (PITL90S)	<input type="checkbox"/> (PITL90C)

1. Petitioner's Name and Relationship to Respondent.

I, *(name of petitioner)* _____, am filing this petition to ask the court to order that respondent be committed for involuntary treatment.

I am (*choose only one*):

- ☐ A professional staff member of the facility providing evaluation services to the respondent.
- ☐ The designated crisis responder (DCR) who filed the *Petition for Initial Detention*.

My contact information is:

Agency/Hospital: _____

Phone number:

Email:

2. **Respondent's Diagnosis.** Respondent suffers from the following behavioral health disorder/s (*select all that apply*):

☐ Mental disorder/s: _____

☐ Substance use disorder/s: _____

☐ Co-occurring disorders: _____

3. **Reason for Seeking Treatment.**

☐ **Respondent's condition is caused by a behavioral health disorder, resulting in a 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 (*provide a statement with specific examples*):

(*Attach additional pages, if necessary*).

☐ There is a substantial risk that respondent will inflict physical harm 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 (*provide a statement with specific examples*):

(*Attach additional pages, if necessary*).

☐ There is a substantial risk that respondent 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 (*provide a statement with specific examples*):

OR

- ☐ The respondent has threatened the physical safety of another and has a history of one or more violent acts occurring within 10 years prior to the filing of the petition, excluding any time spent, but not any violent acts committed, in a behavioral health facility, or in confinement as a result of a criminal conviction (*provide a statement with specific examples*):

(Attach additional pages, if necessary).

- ☐ **Respondent's condition is caused by a behavioral health disorder, resulting in the respondent being gravely disabled, and as a result of the disorder the respondent:**

- ☐ is in danger of serious physical harm resulting from the failure to provide for their essential needs of health or safety (*provide a statement with specific examples*):

(Attach additional pages, if necessary).

- ☐ 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 (*provide a statement with specific examples*):

(Attach additional pages, if necessary).

- ☐ **Less Restrictive Alternative Treatment IS** in the best interest of the respondent or others because:

☐ **Less Restrictive Alternative Treatment IS NOT** in the best interest of the respondent or others because the respondent requires intensive, supervised 24-hour care, or diligent efforts have not disclosed the availability of a sustainable less restrictive alternative placement.

4. **Voluntary Treatment.** At the time of this petition, the respondent was advised of the need for voluntary treatment and the petitioner has evidence that the respondent has failed to accept available treatment in good faith.
5. **Firearm Notice.** I advised the respondent that they would lose their firearm rights if involuntarily committed.
6. **Treatment Information. (*Check only if petitioning for a 90-day LRA*).** Provide information for the agency, provider, or facility that agrees to provide less restrictive alternative treatment if the petition is granted.

Name of Agency, Provider, or Facility: _____

Address: _____

Phone number: _____

Email (*if available*): _____

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 and Title

I examined the respondent and have reviewed this petition. 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 and Title

(If the petition is for substance use disorder treatment, the petition may be signed by a substance use disorder professional and an advanced registered RNP).

I am a (*choose from the following*):

- ☐ Physician
- ☐ Physician Assistant
- ☐ Psychiatric Advanced RN Practitioner

Signed at _____ Date: _____
City State

Print Name and Title

☐ Physician

☐ Physician Assistant

☐ Psychiatric Advanced RNP or Advanced RNP

☐ Mental health professional or substance use disorder professional