

Superior Court of Washington, County of _____

<p>In re Detention of:</p> <hr style="border: 0.5px solid black;"/> <p>Respondent _____ DOB _____</p>	<p>Case No.: _____</p> <p>Petition for Modifying or Revoking a Less Restrictive Alternative Treatment or Assisted Outpatient Treatment Order</p> <p><input type="checkbox"/> Modification of AOT Order (PTMAOT)</p> <p><input type="checkbox"/> Modification of LRA Order (PTMLRA)</p> <p><input type="checkbox"/> Revocation of AOT Order (PTRAOT)</p> <p><input type="checkbox"/> Revocation of LRA Order (PTRLRA)</p>
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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)*:

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)*:

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)*:
