

MENTAL HEALTH

_____ COUNTY SUPERIOR COURT
Case Information Cover Sheet (CICS)

Case Number _____ Case Title _____

Attorney Name _____ Bar Membership Number _____

Please check one category that best describes this case for indexing purposes. Accurate case indexing not only saves time in docketing new cases, but helps in forecasting needed judicial resources. Cause of action definitions are listed on the back of this form. Thank you for your cooperation. Draft Updated 12/19/2024

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- | | | |
|--------------------------|------|----------------------------------|
| <input type="checkbox"/> | ALT | Alcohol/Drug Treatment |
| <input type="checkbox"/> | AOT | Assisted Outpatient Treatment |
| <input type="checkbox"/> | MI | Mental Illness - Adult |
| <input type="checkbox"/> | MIJ | Mental Illness - Juvenile |
| <input type="checkbox"/> | MIO | Mental Illness – Other Venue |
| <input type="checkbox"/> | MIFJ | Mental Illness – Family Petition |

Please Note: Public information in court files and pleadings may be posted on a public Web site.

Last Updated: 05/21/2025

MENTAL HEALTH

Alcohol/Drug Treatment--Petition for involuntary treatment for one who is incapacitated by alcohol or drugs.

Assisted Outpatient Treatment—Petition requesting assisted outpatient behavioral health treatment. RCW 71.05.148

Mental Illness--Adult--Petition for involuntary treatment for an adult who is incapacitated by mental illness.

Mental Illness--Juvenile--Petition for involuntary treatment for a juvenile who is incapacitated by mental illness.

Mental Illness--Other Venue--Petition to modify or revoke a Less Restrictive Alternative originally issued in another county.

Mental Illness-Family Petition--(Joel's Law) Petition for review of a DMHP decision to not detain a person for evaluation and treatment involuntary treatment under the Involuntary Treatment Act. Petition filed by family member, guardian, or conservator of the person named in the petition.