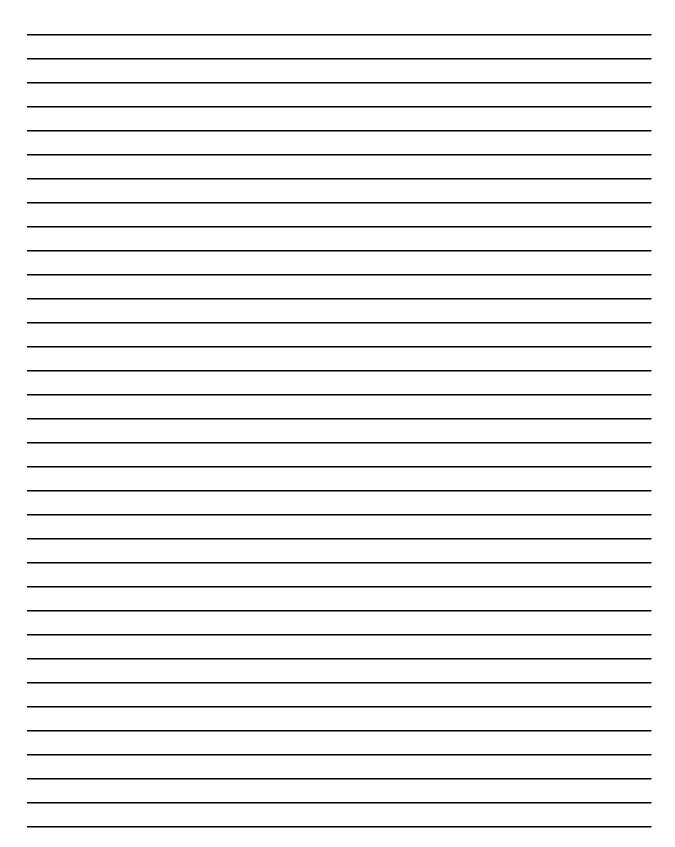
Court of Washington, County of		
In re the Detention of:		Case No.
		Declaration (DCLR)
Respondent	DOB	
This declaration is made by:		
Name: Professional Title & Agency (		this declaration in a professional capacity):
nurse practitioner [ ] treating	mental health profe	] physician assistant [ ] advanced registered essional [ ] treating substance use disorder ip)
I declare,		

RCW 71.05.148 (01/2023) MP 003



I certify under penalty of perjury un true and correct. [ ] I have attache Signed at ( <i>City</i> )	d ( <i>number of pages</i> )_	
	(Glate)	(24.6)
Signature of Declarant	Prin	nt or Type Name
Signature of Co-Declarant	 Prin	t or Type Name
(A co-signature is only required if to professional or substance use disc		spondent's treating mental health
RCW 71.05.148	Declaration (DCLR	1