

Joel's Law 《Joel 法》 Petition for Initial Detention 初次拘留申请书

This packet contains the:
本文件包包含:

- User Guide
用户指南
- Petition
申请书
- Declaration
声明

Mandatory Forms in Washington State Courts
华盛顿州法院强制性表格



WASHINGTON
COURTS
ADMINISTRATIVE OFFICE OF THE COURTS

Washington Pattern Forms Committee and the
Administrative Office of the Courts
华盛顿州标准格式表格委员会与法院行政办公室
Olympia, Washington
华盛顿州奥林匹亚市

December 2024
2024 年 12 月

User Guide for the Joel's Law Petition for Initial Detention 《Joel 法》初次拘留申请书用户指南

What is a Joel's Law Petition for Initial Detention?

什么是《Joel 法》初次拘留申请书？

If a person 13 years of age or older has a behavioral health disorder and is a danger to themselves, others, property, or is gravely disabled, and a designated crisis responder (DCR) does not act to detain that person for evaluation and treatment or secure withdrawal management and stabilization services, then this petition allows an immediate family member, guardian, or conservator of the person, or a tribe, if the person is a member of the tribe, to ask the superior court to review that DCR's decision and consider an order to detain that person for initial detention.

如果一名 13 岁或以上的人患有行为健康障碍，且对自身、他人、财产构成危险，或存在重度残障，而指定危机应对人员(DCR)未采取行动对其进行拘留以评估和治疗，或未确保其获得戒断管理和稳定服务，则此申请书允许该人的直系亲属、监护人或保护人或者某部落（若该人属于此部落）向高等法院申请审查 DCR 的决定，并考虑下达对该人进行初次拘留的命令。

Who Can File A Petition for Initial Detention?

谁可以提交初次拘留申请书？

An immediate family member, guardian, or conservator of a person, or a tribe, if the person is a member of the tribe, can file such a petition with the court. **A conservator can only apply on behalf of the respondent if the respondent is an adolescent (ages 13–17).** The person filing the petition is called the petitioner, and the person for whom detention and treatment is sought is called the respondent.

直系亲属、监护人或保护人或者某部落（若该人属于此部落）可向法院提交此类申请书。**保护人仅可代表青少年被申请人（13-17 岁）申请。**提交申请书的人称为申请人，被申请拘留和治疗的人称为被申请人。

How Do I File a Petition for Initial Detention?

如何提交初次拘留申请书？

Follow these instructions. They will: (1) tell you what facts must exist in order for you to be able to file the petition; (2) tell you how to file the petition; and (3) explain what happens after you file the petition.

请按照以下说明操作。这些说明将：(1) 告诉您需要满足哪些事实才能提交申请书；(2) 告诉您如何提交申请书；以及 (3) 解释提交后的流程。

Definitions

定义

"Behavioral health disorder" means either a mental disorder, a substance use disorder, or a co-occurring mental disorder and substance use disorder.

“行为健康障碍”是指精神障碍、物质使用障碍或精神障碍和物质使用障碍并存。

"Mental disorder" means any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions.

“精神障碍”是指对个人认知或意志功能产生重大不利影响的任何器质性、心理性或情感性损伤。

“Substance use disorder” means a cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using the substance despite significant substance-related problems. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to the use of the substance.

“物质使用障碍”是指一系列认知、行为和生理症状，表明个体尽管存在与物质相关的问题，仍持续使用该物质。物质使用障碍的诊断基于与物质使用相关的病理性行为模式。

An “immediate family member” is the spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, or sibling of the person that is the subject of the *Joel’s Law Petition for Initial Detention*.

“直系亲属”是指《Joel 法》初次拘留申请书所涉对象的配偶、同居伴侣、子女、继子女、父母、继父母、祖父母或兄弟姐妹。

A “guardian” is a person appointed by the court to make decisions with respect to the personal affairs of an individual.

“监护人”是指由法院指定，就个人事务做出决策的人。

A “conservator” is a person appointed by a court to make decisions with respect to the property or financial affairs of an individual subject to conservatorship.

“保护人”是指由法院指定，就受财产监管的个人的财产或财务事务做出决策的人。

“Designated crisis responder” (DCR) is a mental health professional appointed by the county, by an entity appointed by the county, or by the Washington State Health Care Authority in consultation with a tribe or after meeting and conferring with an Indian health care provider, to perform the duties specified in chapter 71.05 RCW.

“指定危机应对人员”(DCR)是指由县、县指定的实体，或华盛顿州医疗保健计划管理部门（经与部落协商，或与印第安医疗保健服务提供者会面协商后）指定的心理健康专业人员，其职责依照 RCW 第 71.05 章规定履行。

1. You Can File a Joel’s Law Petition If:

如果符合以下条件，您可以提交《Joel 法》申请书：

- A. You are an immediate family member, guardian, or conservator of the person that you seek to have detained, or a tribe, if the person is a member of the tribe; **and** 您是被申请拘留者的直系亲属、监护人或保护人；若被申请拘留者属于某部落，则您可为该部落；以及
- B. You or someone else asked for an investigation of the person that you seek to have detained; **and** 您或他人已申请对被申请拘留者进行调查；以及
- C. Either:
满足以下任一情形：
 - 1. A DCR conducted the Involuntary Treatment Act (ITA) investigation and decided not to detain the person for evaluation and treatment; **or** DCR 已根据《非自愿治疗法(ITA)》完成调查并决定不拘留此人以进行评估和治疗；或者

2. 48 hours passed since the DCR received the request for investigation and the DCR has not taken action to have the person detained; **and**
自 DCR 收到调查申请已满 48 小时，且 DCR 未采取行动拘留此人；以及
- D. You file your petition within 10 calendar days following the:
您在以下情况发生后 10 个日历日内提交申请书：
 1. DCR ITA investigation; **or**
DCR 完成 ITA 调查之日；或者
 2. Request for investigation, if the DCR has not taken any action to have the person detained.
若 DCR 未采取任何行动拘留此人，则为调查申请提出之日。

If it has been more than 10 calendar days, you cannot file a petition but you may request a new DCR investigation. How can you find out the date? If you ask the DCR or agency for the date of the investigation, they must give you the date to help you prepare the petition.

若已超过 10 个日历日，您无法提交申请书，但可请求 DCR 重新开展调查。如何获取相关日期？若您向 DCR 或相关机构询问调查日期，他们必须提供该日期，以协助您准备申请书。

2. How to Complete the Petition:

如何填写申请书：

- A. Fill out the *Petition* (the form begins following the last page of this user guide).
填写申请书（表格附于本用户指南最后一页之后）。

Provide all of the information requested, including:
提供表格要求的所有信息，包括：

1. A description of the relationship between you and the person; **and**
您与被申请人的关系描述；以及
2. The date on which an investigation was requested from the DCR; **and**
向 DCR 申请调查的日期；以及
3. The date of the DCR investigation, if there was one.
若 DCR 已开展调查，提供调查日期。
4. Fill out the *Declaration* to describe why the person should be detained (this *Declaration* will be part of the *Petition* once complete). For each category, check yes, no, or don't know.
填写声明以说明为何应对该人实施拘留（完成后的声明将作为申请书的一部分）。针对每个类别，请勾选“是”、“否”或“不知道”。
 - For each question that you answer yes, provide a description of the person's behavior in the space provided on the form. Be as detailed as you can.
对每个回答“是”的问题，请在表格的空白处描述该人的行为。尽可能详细。

For example, you may describe a history of one or more violent acts, such as behavior that resulted in death, attempted suicide, nonfatal injuries, or substantial damage to property.

例如，您可以描述一次或多次暴力行为的历史，如导致死亡、自杀未遂、非致命伤害或重大财产损失的行为。

- If you have any documents that support the petition, list the documents and attach copies.

如果您有任何支持申请的文件，请列出这些文件并附上副本。

5. You must sign the *Petition* and *Declaration* under penalty of perjury under the laws of the State of Washington, and you must include the date when signed and place (city and state) where you signed it.

您必须在申请书和声明上签名，根据华盛顿州法律，作伪证将承担法律责任，同时需注明签字日期及地点（城市与州）。

Complete the petition with as much information as you can to describe why you think the respondent should be detained.

填写申请书时，应尽可能提供详细信息，说明您认为被申请人应被拘留的理由。

- B. In support of the *Petition*, other family members, landlords, neighbors, teachers, school personnel, or anyone else with significant contact and a history of involvement with the person may also provide a declaration. They must sign their declaration under penalty of perjury under the laws of the State of Washington, and they must include the date when signed and place (city and state) where they signed it.

为支持申请，其他家庭成员、房东、邻居、教师、学校工作人员或任何与被申请人有频繁接触并了解其过往者也可以提供一份声明。他们必须在声明上签字，根据华盛顿州法律，作伪证将承担法律责任，同时需注明签字日期及地点（城市与州）。

3. Where Do You File Your Petition?

在哪里提交申请书？

File your petition and any witness declarations with the clerk of the superior court in the county where the DCR ITA investigation:

请将您的申请书及任何证人声明提交至以下地点的高等法院书记员处：

- occurred; or
DCR 根据 ITA 开展调查的县；或者
- was requested to occur.
被申请开展调查的县。

Go to this web page for a list of county courts and clerks' offices:

http://www.courts.wa.gov/court_dir/?fa=court_dir.county

可访问以下网页查询各县法院和书记员办公室的列表：

http://www.courts.wa.gov/court_dir/?fa=court_dir.county

Note: If at any time a DCR files a petition for the initial detention of the same person you are seeking to have detained, the court will dismiss your petition and the petition filed by the DCR will move forward.

注：若 DCR 在任何时候就您申请拘留的同一人提交初次拘留申请书，法院将驳回您的申请书，而 DCR 提交的申请书将继续处理。

4. What Happens After You File the Petition?

提交申请书后会怎样？

- A. Within 1 judicial day, a judicial officer (either a judge or commissioner) will review your petition and any other declarations. That judicial officer will decide whether the

documents raise sufficient evidence to support your request for the detention of the person.

在 1 个司法日内，审判员（法官或专员）将审查您的申请书及所有其他声明。该审判员将决定这些文件是否提供了充分证据，以支持您对被申请人实施拘留的请求。

1. If there is not sufficient evidence, the judicial officer will dismiss your petition. You will receive a copy of the court's dismissal order.

若证据不足，审判员将驳回您的申请书。您将收到法院的驳回令副本。

2. If there is sufficient evidence, the judicial officer will provide a copy of the petition to the DCR agency. The court will order the agency, within 1 judicial day, to file a written sworn statement describing the basis for the decision not to seek the initial detention. The agency must provide documents supporting its decision.

若证据充分，审判员将向 DCR 机构提供一份申请书的副本。法院将命令该机构在 1 个司法日内提交一份书面宣誓陈述，说明其未申请初次拘留的依据。该机构必须提供支持其决定的相关文件。

- B. After you file your petition and before the judicial officer makes a decision, anyone may file a written sworn declaration in support of, or in opposition to, your petition.

在您提交申请书后、审判员作出决定前，任何人均可提交支持或反对您的申请书的书面宣誓陈述。

- C. The judicial officer will review all information provided to the court.

审判员将审查所有提供给法院的信息。

- D. No later than 5 judicial days after the date you file the petition, the judicial officer will issue a final decision.

审判员最迟需在您提交申请书之日起 5 个司法日内作出最终裁决。

1. If there is insufficient probable cause to support the petition, the court will deny the petition. You will receive a copy of the court's dismissal order.

若缺乏支持申请的合理理由，法院将驳回请愿。您将收到法院的驳回令副本。

2. If there is probable cause to support the petition, and the person refuses or does not accept voluntary evaluation and treatment, the court will grant the petition.

若有合理理由支持申请，且被申请人拒绝或不接受自愿评估和治疗，法院将批准该申请。

3. If the person is 18 or older, the court may issue an order for initial detention for evaluation and treatment for not more than 120 hours, and a warrant for law enforcement to apprehend and deliver the person to the facility or emergency room as determined by the DCR.

如果被申请人年满 18 周岁，法院可签发初次拘留令，对其实施不超过 120 小时的评估和治疗，并授权执法部门逮捕被申请人，将其移送至 DCR 指定的机构或急诊室。

4. If the person is an adolescent, the court must issue an order for initial detention for evaluation and treatment for not more than 120 hours, and a warrant for law enforcement to apprehend and deliver the person to the facility as determined by the DCR.

如果被申请人为青少年，法院必须签发初次拘留令，对其实施不超过 120 小时的评估和治疗，并授权执法部门逮捕被申请人，将其移送至 DCR 指定的机构。

5. The initial detention order remains valid for up to 180 days.
初次拘留令最长有效期为 **180** 天。
6. You will receive a copy of the court's order/s.
您将收到法院命令的副本。

Superior Court of Washington, County of _____
华盛顿州 县高等法院

In re Detention of:
拘留相关信息:

Respondent (person to be detained) DOB
被申请人（拟拘留者） 出生日期

Petitioner
呈请人

Case No. _____
案件编号

**Joel's Law Petition for Initial
Detention**

《Joel 法》初次拘留申请书

(PMIR, PMINE, paragraph 3)
(PMIR、PMINE, 第3段)

(Cause code – MIF)
(案由代码 – MIF)

To ask the court to detain the respondent, complete and file with the clerk of the court:
若要请求法院拘留被申请人，请填写以下文件并提交给法院书记员：

- **this *Petition* and**
本申请书和
- **the *Declaration in Support of Joel's Law Petition for Initial Detention*.**
支持《Joel 法》初次拘留申请书的声明。

You may also file signed declarations from family members, landlords, neighbors, teachers, school personnel, or anyone else with significant contact and a history of involvement with the respondent.

您也可提交家庭成员、房东、邻居、教师、学校工作人员或任何与被申请人有频繁接触并了解其过往者签署的声明。

I, (name of Petitioner) _____, am filing
this *Petition for Initial Detention* to ask the court to detain the respondent for behavioral health
disorder evaluation and treatment.

我，（申请人姓名）_____，提交本初次拘留申
请书，请求法院对被申请人因行为健康障碍进行评估和治疗而实施拘留。

1. Petitioner's Relationship to the Respondent
申请人与被申请人的关系

☐ I am the respondent's:
我是被申请人的：

☐ spouse ☐ domestic partner ☐ child ☐ stepchild

配偶 [-] 同居伴侣 [-] 子女 [-] 继子女

☐ parent ☐ sibling ☐ stepparent ☐ grandparent

父母 [-] 兄弟姐妹 [-] 继父母 [-] 祖父母

☐ guardian ☐ conservator (only applicable if Respondent is an adolescent, age 13-17)

监护人 [-] 保护人 (仅适用于被申请人为13-17岁青少年的情形)

The Guardianship or Conservatorship case number is _____

监护权或保护权案件编号为

and it is filed in (county name) _____ County

Superior Court.

该案已在 (县名)

县高等法院立案。

☐ I am an authorized representative of a tribe, of which the respondent is a member.

我是被申请人所属部落的授权代表。

Name of the tribe: _____

部落名称:

2. Petitioner's Contact Information

申请人联系信息

My contact information is:

本人的联系信息为:

Telephone: _____

电话号码:

Email address: _____

电子邮件地址:

Mailing address: _____

邮寄地址:

3. Information about the Designated Crisis Responder (DCR) Investigation

指定危机应对人员(DCR)调查信息

An investigation by a DCR was requested on (date) _____

in (county name) _____ County.

已于 (日期)

在 (县名)

县请求 DCR 开展调查。

Name of DCR and agency: _____

DCR 姓名及所属机构:

Telephone number: _____

电话号码:

What happened:

调查结果:

(PMIR) ☐ The DCR investigated the respondent on (date) _____

and decided not to detain the respondent for evaluation and treatment.

(PMIR) [-] DCR 于（日期）对被申请人进行了调查，
不拘留其进行评估和治疗。

并决定

or
或者

(PMINE) [] 48 hours or more have passed since the DCR received a request for
investigation and the DCR has not taken any action to detain the respondent.

(PMINE) [-] 自 DCR 收到调查请求已超过 48 小时，且 DCR 未采取任何拘留被申请人的行
动。

4. Time for Filing the Petition
申请书提交时限

I am filing this petition within 10 calendar days following the DCR investigation, or
following the request for DCR investigation if the DCR has not taken any action.
我在 DCR 调查结束后的 10 个日历日内提交本申请书，或者，如果 DCR 未采取任何行
动，则在请求 DCR 调查后 10 个日历日内提交本申请书。

5. Correct County
管辖县

I am filing the petition in this county because this is where the DCR investigation
occurred or where the investigation was requested to occur.
我在此县提交申请书，因为此处是 DCR 调查发生地或调查请求地。

Petitioner Signs Here:
申请人在此处签名：

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is
true and correct.
本人特此声明，以上陈述属实且正确。若有不实之词，愿依照华盛顿州法律而接受伪证罪处罚。

Signed at _____
签署地点

City State
城市 州

Date: _____
日期：

►

Petitioner signs here
申请人在此处签名

Print name
请工整填写姓名

Date
日期

Petitioner's lawyer (if any) fills out below:
呈请人律师（如有）填写以下内容：

►

Petitioner's lawyer signs here
申请人律师在此处签名

Print name and WSBA No.
请工整填写姓名和 WSBA 编号

Date
日期

Superior Court of Washington, County of _____
华盛顿州 县高等法院

In re Detention of:
拘留相关信息:

Case No. _____
案件编号

Respondent (person to be detained) DOB
被申请人 (拟拘留者) 出生日期

Declaration in Support of Joel's Law
Petition for Initial Detention
支持《Joel 法》初次拘留申请书的声明
(DCLR)
(DCLR)

My name is: _____
本人姓名:

My relationship to the respondent is (for example: spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, sibling, guardian, landlord, neighbor, teacher, school personnel, or friend): _____

我与被申请人的关系是 (例如: 配偶、同居伴侣、子女、继子女、父母、继父母、祖父母、兄弟姐妹、监护人、房东、邻居、教师、学校工作人员或朋友):

My contact information is:
本人的联系信息为:

Telephone: _____
电话号码:

Email address: _____
电子邮件地址:

Mailing address: _____
邮寄地址:

Read carefully and answer each question below:
请仔细阅读并回答以下每个问题:

Recent Behaviors
近期行为

As a result of a behavioral health disorder:
因行为健康障碍所致:

Harm to self: Is there a substantial risk that physical harm will be inflicted by a person upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm on themselves (for example, has the respondent recently threatened or attempted to kill, or badly and physically hurt themselves)? (check one): ☐ Yes ☐ No ☐ Don't know.

伤害自己: 是否存在此人对自身造成身体伤害的重大风险, 具体表现为威胁或企图自杀或对自己造成身体伤害(例如, 被申请人近期是否威胁或企图自杀, 或严重伤害自己身体)? (请勾选一项): [-] 是 [-] 否 [-] 不知道。

Harm to others: Is there a substantial risk that physical harm will be inflicted by this person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm (for example, has the respondent recently physically hurt someone, and/or threatened or attempted to physically hurt someone)? (check one): ☐ Yes ☐ No ☐ Don't know.

伤害他人: 是否存在此人对他人造成身体伤害的重大风险, 具体表现为其行为已造成此类伤害, 或使他人有合理理由担心遭受此类伤害(例如, 被申请人近期是否曾伤害过他人身体和/或威胁或企图伤害他人身体)? (请勾选一项): [-] 是 [-] 否 [-] 不知道。

Harm to others' property: Is there a substantial risk that physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others (for example, has the respondent recently physically damaged someone's property, and/or threatened or attempted to physically damage someone's property)? (check one): ☐ Yes ☐ No ☐ Don't know.

损害他人财产: 是否存在此人对他人财产造成损害的重大风险, 具体表现为其行为是否已对他人财产造成重大损失或损害(例如: 被申请人近期是否曾实际损坏他人财产和/或威胁或企图损害他人财产)? (请勾选一项): [-] 是 [-] 否 [-] 不知道。

Gravely disabled (a): Is the respondent in danger of serious physical harm resulting from a failure to provide for their essential human needs of health or safety (for example, is the respondent unable to provide for their basic needs of food, clothing, shelter, and/or medical care)? (check one): ☐ Yes ☐ No ☐ Don't know.

重度残障(a): 被申请人是否因无法满足健康或安全的基本生活需求而面临严重身体伤害的危险(例如, 被申请人是否无法满足食物、衣物、住所和/或医疗保健等基本需求)? (请勾选一项): [-] 是 [-] 否 [-] 不知道。

Is there a high probability of serious physical harm within the near future without adequate treatment? (check one): ☐ Yes ☐ No ☐ Don't know.

若不进行适当治疗, 被申请人在近期内是否极有可能遭受严重身体伤害? (请勾选一项): [-] 是 [-] 否 [-] 不知道。

Gravely disabled (b): Does the respondent manifest severe deterioration in routine functioning, evidenced by repeated and escalating loss of cognitive or volitional control over their actions, and is the respondent **not receiving such care as is essential for their health or safety** (for example, is the respondent's mental control or decision-making ability getting worse and preventing the respondent from receiving care for the basic needs of food, clothing, shelter, and/or medical care)? (check one): ☐ Yes ☐ No ☐ Don't know.

重度残障(b): 被申请人是否表现出日常功能的严重恶化, 具体表现为对自身行为的认知或意志控制能力出现反复且不断加剧的丧失, 且被申请人是否**未获得维持其健康或安全所必需的照料**(例如, 被申请人的精神控制能力或决策能力是否持续恶化, 导致其无法获得满足食物、衣物、住所和/或医疗保健等基本需求的照料)? (请勾选一项): [-] 是 [-] 否 [-] 不知道。

若不进行治疗，被申请人是否会面临有害后果？（请勾选一项）：

☐ Yes ☐ No ☐ Don't know.

是 [-] 否 [-] 不知道。

Refused evaluation and treatment: Has the respondent refused or failed to accept evaluation and treatment voluntarily? (*check one*): ☐ Yes ☐ No ☐ Don't know.

拒绝评估和治疗: 被申请人是否拒绝或未能自愿接受评估和治疗? (请勾选一项): ☐ 是 ☐ 否 ☐ 不知道。

Statement

陈述

For each question you answered yes, describe the behavior, starting with the most recent, that caused you to answer yes. Be as detailed in your descriptions as possible and include dates for each event or an example, if you can, and explain how you know the information (for example, the respondent told you the information, or you saw the respondent do the things you are describing):

针对每个回答是的问题，请从最近发生的行为开始描述导致您回答“是”的行为。描述时请尽可能详尽，如有可能请注明每个事件的日期或举例，并说明您获取相关信息的途径（例如，被申请人亲自告知，或您亲眼目睹被申请人实施了所描述的行为）：

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Past Behaviors or Actions

Does the respondent have a history of one or more violent acts (for example, within the last 10 years, has the respondent killed or caused nonfatal injuries to someone, attempted to kill themselves, or caused substantial damage to property)? (check one):

☐ Yes ☐ No ☐ Don't know.

Are the symptoms and behaviors you described above closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe

deterioration, or 1 or more violent acts (for example, is the respondent acting now in a way that respondent previously acted when: (a) Respondent was detained or committed, (b) had a major worsening of symptoms and/or behavior, or (c) killed or hurt someone, attempted to kill themselves, or caused substantial damage to property)? (check one):

您上述描述的症状和行为是否与过往导致非自愿住院、严重功能恶化或1次或多次暴力行为的前驱症状或行为密切相关（例如，被申请人目前的行为是否与以下情况发生前的行为一致：(a) 被申请人曾被拘留或强制收治，(b) 症状和/或行为曾出现过重大恶化，或者 (c) 曾导致他人伤亡或伤害、企图自杀或造成重大财产损失）？（请勾选一项）：

☐ Yes ☐ No ☐ Don't know.

是 [-] 否 [-] 不知道。

Do the symptoms and behaviors you described above represent a marked and concerning change in the baseline behavior of the respondent (for example, is the respondent's behavior or symptoms worse compared to how the respondent usually acts or behaves)? (check one):

☐ Yes ☐ No ☐ Don't know.

您上述描述的症状和行为是否表明被申请人的基准行为出现了显著且令人担忧的变化（例如，与被申请人通常的举动或行为相比，其当前行为或症状是否明显恶化）？（请勾选一项）：

是 [-] 否 [-] 不知道。

Without treatment for the symptoms and behaviors you described above, is the continued deterioration of the respondent probable (for example, will the respondent continue to get worse without help)? (check one): ☐ Yes ☐ No ☐ Don't know.

若不对上述描述的症状和行为进行治疗，被申请人是否可能持续恶化（例如，若得不到帮助，被申请人的情况是否会继续恶化）？（请勾选一项）：[-] 是 [-] 否 [-] 不知道。

For each question you answered with yes, give recent examples below of the symptoms or behavior that supports the risk, harm, or deterioration that caused you to answer yes. Be as specific in your descriptions as possible. Include dates for each event or example, if possible.

针对每个回答是的问题，请在下方列举支持导致您回答“是”的风险、伤害或恶化的近期症状或行为实例。描述请尽可能具体。如果可能，请注明每个事件或例子的日期。

Also, please explain how you know the information you are providing in this declaration (for example, the respondent told you the information, or you saw the respondent do the things you are describing). Attach additional paper (preferably lined paper) if you need more space:

此外，请说明您在本声明中提供的信息来源（例如，被申请人亲自告知，或您亲眼目睹被申请人实施了所描述的行为）。如果需要更多填写栏位，请另附纸张（建议使用横格纸）：

您是否希望法院知晓被申请人曾实施的其他过往行为（包括暴力行为）？如果是，请在下方列举该行为的近期实例。描述请尽可能具体。如果可能，请注明每个事件或例子的日期。

此外，请说明您在本声明中提供的信息来源（例如，被申请人亲自告知，或您亲眼目睹被申请人实施了所描述的行为）。如果需要更多填写栏位，请另附纸张（建议使用横格纸）：

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

过往法庭诉讼

☐ Yes ☐ No ☐ Don't know

是 [-] 否 [-] 不知道

如果是, 请尽可能提供详细信息, 包括法院名称、案件编号和日期:

Has the respondent previously been committed by a court to detention for behavioral health disorder treatment during the preceding 36 months? (*check one*):

被申请人在过去 36 个月内是否曾被法院强制拘留以接受行为健康障碍治疗? (请勾选一项):

☐ Yes ☐ No ☐ Don't know.

是 [-] 否 [-] 不知道。

Was the respondent involuntarily committed for behavioral health disorder treatment more than 36 months ago? (*check one*): ☐ Yes ☐ No ☐ Don't know.

被申请人是否在 36 个月以前曾被非自愿强制收治以接受行为健康障碍治疗? (请勾选一项): [-]

是 [-] 否 [-] 不知道。

If yes, provide as much information as you can, include the name of the court, case number, and date:

如果是, 请尽可能提供详细信息, 包括法院名称、案件编号和日期:

Has the respondent been judicially required or administratively ordered to take antipsychotic medication while in confinement? (*check one*): ☐ Yes ☐ No ☐ Don't know.

被申请人在被监禁期间是否曾被司法要求或行政命令服用抗精神病药物? (请勾选一项): [-]

是 [-] 否 [-] 不知道。

If yes, provide as much information as you can, including who ordered the respondent to take antipsychotic medication while in confinement, and when:

如果是, 请尽可能提供详细信息, 包括在监禁期间下令被申请人服用抗精神病药物的主体及时间:

Document/s to Support Your Petition

支持您的申请的文件

If you have any documents to support your petition, list them below and attach copies. These documents may include police reports, prior mental disorder or competency evaluations, prior substance use disorder evaluations, prior recommendations to have an evaluation for civil involuntary treatment commitment, prior civil or criminal involuntary treatment commitment orders, or photographs.

若您有任何文件可支持本申请, 请在下方列明并附上副本。这些文件可能包括警方报告、既往精神障碍或行为能力评估报告、既往物质使用障碍评估报告、既往关于非自愿民事治疗强制收治的评估建议、既往民事或刑事非自愿治疗强制收治令或照片等。

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

本人特此声明，以上陈述属实且正确。若有不实之词，愿依照华盛顿州法律而接受伪证罪处罚。

Signed at _____ Date: _____
签署地点 日期:

City
城市

State
州

►
Sign here
在此处签名

Print name
请工整填写姓名