

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: <hr/> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Respondent 被申请人</div><div style="width: 45%;">DOB 出生日期</div></div>	Case No. _____ 案件编号 Petition for Involuntary Treatment or Less Restrictive Alternative Treatment 非自愿治疗或限制性较小的替代治疗申请书 Clerk Action Required 书记员需要采取的行动
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Select only one: 仅选择一项:	Mental Disorder 精神障碍	Substance Use Disorder 物质使用 障碍	Mental & Substance Use Disorders (Combined) 精神与物质使用 障碍 (合并)
14-day commitment 14天强制收治	<input type="checkbox"/> (PITM14) <input type="checkbox"/> (PITM14)	<input type="checkbox"/> (PITM14S) <input type="checkbox"/> (PITM14S)	<input type="checkbox"/> (PITM14C) <input type="checkbox"/> (PITM14C)
90-day commitment 90天强制收治 (Adult only) (仅限成人)	<input type="checkbox"/> (PITM90) <input type="checkbox"/> (PITM90)	<input type="checkbox"/> (PITM90S) <input type="checkbox"/> (PITM90S)	<input type="checkbox"/> (PITM90C) <input type="checkbox"/> (PITM90C)
90-day LRA 90天LRA (Adult only) (仅限成人)	<input type="checkbox"/> (PITL90) <input type="checkbox"/> (PITL90)	<input type="checkbox"/> (PITL90S) <input type="checkbox"/> (PITL90S)	<input type="checkbox"/> (PITL90C) <input type="checkbox"/> (PITL90C)

1. Petitioner's Name and Relationship to Respondent.

申请人姓名及与被申请人的关系。

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

本人 (申请人姓名)

提交本申请书, 请求法院命令对被申请人实施强制收治以接受非自愿治疗。

I am (*choose only one*):
本人身份（仅选择一项）：

- ☐ A professional staff member of the facility providing evaluation services to the respondent.
为被申请人提供评估服务的机构专业工作人员。
- ☐ The designated crisis responder (DCR) who filed the *Petition for Initial Detention*.
提交初次拘留申请书的指定危机应对人员(DCR)。

My contact information is:
本人的联系信息为：

Agency/Hospital: _____
机构/医院：

Phone number: _____
电话号码：

Email: _____
电子邮件地址：

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

被申请人诊断。 被申请人患有以下行为健康障碍（选择所有适用项）：

- ☐ Mental disorder/s: _____
精神障碍：
- ☐ Substance use disorder/s: _____
物质使用障碍：
- ☐ Co-occurring disorders: _____
伴随性障碍：

3. Reason for Seeking Treatment.
寻求治疗的理由。

- ☐ **Respondent's condition is caused by a behavioral health disorder, resulting in a likelihood of serious harm:**

被申请人的状况由行为健康障碍引起，导致其存在造成严重伤害的可能性：

- ☐ There is a substantial risk that respondent will inflict physical harm upon themselves, as evidence by threats or attempts to commit suicide or inflict physical harm to themselves (*provide a statement with specific examples*):
被申请人存在对自身实施身体伤害的重大风险，具体表现为威胁或企图自杀或对自身造成身体伤害（请提供包含具体实例的陈述）：

(Attach additional pages, if necessary).

(如有需要，可另加附页)。

- [] 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*):

被申请人存在对他人实施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自身会遭受此类伤害（请提供包含具体实例的陈述）：

(Attach additional pages, if necessary).

(如有需要，可另加附页)。

- [] 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*):

被申请人存在对他人财产造成重大损失或损害的重大风险，具体表现为其行为已对他人财产造成重大损失或损害（请提供包含具体实例的陈述）：

OR

或者

- [] 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*):

被申请人曾威胁他人人身安全，且在提交本申请书前10年内存在一次或多次暴力行为记录，在行为健康机构度过的时间除外（但在该机构内实施的暴力行为不因此排除），因刑事定罪被监禁期间发生的暴力行为亦不影响对其暴力行为史的认定（请提供包含具体事例的陈述）：

(Attach additional pages, if necessary).
(如有需要，可另加附页)。

[] 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:

被申请人的状况由行为健康障碍引起，导致其重度残障，且因该障碍导致以下情形：

[] 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):
因无法满足自身健康或安全的基本需求，面临严重身体伤害的危险（请提供包含具体事例的陈述）：

(Attach additional pages, if necessary).
(如有需要，可另加附页)。

[] 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):

表现出日常功能的严重退化，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，且未获得维持其健康和安全的必需照料（请提供包含具体事例的陈述）：

(Attach additional pages, if necessary).
(如有需要，可另加附页)。

[] Less Restrictive Alternative Treatment IS in the best interest of the respondent or others because:

限制性较小的替代治疗符合被申请人或他人的最佳利益，理由如下：

☐ **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.

限制性较小的替代治疗不符合被申请人或他人的最佳利益，因被申请人需要24小时强化监管照料，或经积极努力仍未找到可持续的限制性较小的替代安置方案。

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.

自愿治疗。在提交本申请书时，已告知被申请人自愿治疗的必要性，且申请人有证据证明被申请人未真诚接受提供的治疗。

5. **Firearm Notice.** I advised the respondent that they would lose their firearm rights if involuntarily committed.

枪支通知。本人已告知被申请人，若被非自愿收治，其将丧失持枪权。

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.

治疗信息。（仅在申请90天LRA时勾选）。若申请获批，需提供同意提供限制性较小的替代治疗的机构、服务提供者或场所信息。

Name of Agency, Provider, or Facility:

机构、服务提供者或场所的名称：

Address:

地址：

Phone number:

电话号码：

Email (if available):

邮箱（如有）：

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
城市*

*State
州*

Date: _____

日期：

Sign here

在此处签名

RCW 71.05.217, .230
CH (12/2024) Chinese
MP 303

Print Name and Title

请工整填写姓名和职务

Petition for Involuntary Treatment
or Less Restrictive Alternative
Treatment
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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.

本人已对被申请人进行检查，并审阅本同意书。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
城市

State
州

Date: _____

日期:

Sign here

在此处签名

Print Name and Title

请工整填写姓名和职务

(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).

(若本同意书针对物质使用障碍治疗，可由物质使用障碍专业人员及高级注册RNP签署)。

I am a (choose from the following):

本人身份（从以下选项中选择）：

☐ Physician

医师

☐ Physician Assistant

医师助理

☐ Psychiatric Advanced RN Practitioner

精神科高级注册执业护士

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.

本人已对被申请人进行检查，并审阅本同意书。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
城市

State
州

Date: _____

日期:

Sign here

在此处签名

Print Name and Title

请工整填写姓名和职务

I am a (choose from the following):

本人身份（从以下选项中选择）：

☐ Physician

医师

- [] Physician Assistant
医师助理
- [] Psychiatric Advanced RNP or Advanced RNP
精神科高级RNP或高级RNP
- [] Mental health professional or substance use disorder professional
精神健康专业人员或物质使用障碍专业人员