In re the Detention of: Case No. ____ Order for Dismissal (ORDSM) Respondent Clerk's action required: [] 7, [] 9, 10 A petition was filed in this case for: [] 120 hours [] 14 Days [] 90 Days [] 180 Days [] 1 Year of involuntary treatment. Revocation of a less restrictive alternative treatment order/conditional release filed in this proceeding. [] Involuntary administration of anti-psychotic medications. [] Petitioner requested a voluntary dismissal pursuant to CR 41. [] Respondent requested a dismissal on the following basis: [] Petitioner failed to meet the burden of proof. [] Respondent accepted voluntary treatment. [] Petitioner did not submit a petition for 14-day involuntary treatment. [] Other:_ The following people were present at the hearing: [] Respondent appeared [] in person [] by video and was represented by __ [] Respondent waived their appearance through counsel. [] A separate appearance waiver has been filed. [] Respondent orally waived their appearance through defense counsel, and the court accepts this waiver. [] Petitioner appeared [] in person [] by video and was represented by [] Guardian ad litem (GAL) [] appeared in person [] appeared by video [] waived appearance. [] Guardian ad litem (GAL) waived Respondent's appearance.

Superior Court of Washington County of ____

[] \	Vitnes	SS	_ appeared [] in person [] by video or
	[] und	der CR 43 by [] telephone []	
[] \	Vitnes	ss	_ appeared [] in person [] by video or
	[] und	der CR 43 by [] telephone []	
[]/	Agreed	d order.	
Find	lings (of Fact	
The	court i	makes the following findings of fact (check a	all that apply):
1.	[]	No petition for 14-day commitment was file	d.
2.	[]	Following a hearing, the Petitioner has faile a need for detention, revocation, involuntar restrictive alternative.	•
3.	[]	Upon motion, it is appropriate to dismiss the [] based on the stipulation of the parties of	•
4.	[]	Respondent was not committed for involunt and was initially detained on <i>(date)</i> Respondent presents a likelihood of serious	on the grounds that the
5.	[]	Agreed Order. Respondent, after consultation order.	on with counsel, agrees to the entry of this
6.	[]	Other	
The	Court	Orders:	
7.		The petition is dismissed.	
8.		A less restrictive alternative treatment orde effect.	r dated remains in
9.	[]	(Check only if #4 is selected above.) The a copy of Respondent's driver's license, ide (name, address, and date of birth) and the Department of Licensing and Washington S	enticard, or comparable information date of release from the facility to the
		Submit to: Department of Licensing, Busifirearms@dol.wa.gov (PO Box 9649, Olynand Washington State Patrol, ita@wsp.wa42619, Olympia, WA 98501).	npia, WA 98507-9649)
10.	inc	e clerk of the court must share commitmen luding the name of the facility where the per navioral health administrative services organ	son has been committed, with the local

RCW 71.05.150, .240

superior court is located. This includes cases where the designated crisis responder

investigation occurred outside the re	investigation occurred outside the region. RCW 71.05.740. Name of Facility:			
11. Other	Other			
Dated:				
	Judge/Commissioner			
Approved as to form	Approved as to form			
Attorney for Petitioner DPA/AAG WSBA No	Attorney for Respondent WSBA No			
	Respondent			
Interpreter certifies that they have reviewed	this order with Respondent.			
Interpreter	_			