## **Superior Court of Washington**

County of		
-		

In re the Detention of:	Case No.	
	Order Setting Trial Date (ORSTD)	
Respondent	Next Court event: Type:	
	Date:	
	Time:	
	Courtroom: [ ] Jury Trial [ ] Bench Trial	
		[ ] Interpreter Required: (language)
	Hearing	
A petition for: [ ] 90 Days [ ] 180 Days [ ]	1 Year of Involuntary Treatment	
[ ] Assisted Outpatient Behav	vioral Health Treatment	
has been filed in this proceeding. Petitioner treatment of the Respondent during this pro	r requested an order setting trial date and continuing the oceeding.	
At the hearing:		
[ ] Respondent appeared [ ] in person [ ]	] by video	
and was represented by		
[ ] Respondent waived their appearance the	hrough counsel.	
[ ] Separate appearance waiver has	s been filed.	
[ ] Respondent orally waived their a accepts this waiver.	appearance through defense counsel, and the court	
[ ] Petitioner appeared [ ] in person [ ] by	y video	
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	and was represented by		
[]	] GAL [ ] appeared in person [ ] appeared by video [ ] waived appearance		
[]	GAL waived Respondent's appearance		
[]	Witness appeared	d[]in person []by video or	
	[ ] under CR 43 by [ ] telephone [ ]		
[]	Witness appeared	d[]in person[]by video or	
	[ ] under CR 43 by [ ] telephone [ ]		
Or	der		
The	e court orders:		
1.	Trial Date.		
	A [] Jury Trial [] Bench Trial is scheduled	as indicated above.	
۷.	Inpatient/Outpatient Treatment. Pending trial or further order of this court, the Respondent shall continue to be detained for involuntary inpatient treatment until released by this treatment facility, or if the Respondent is currently participating in outpatient treatment shall continue to abide by the conditions of the less restrictive alternative treatment order / conditional release dated		
	Beginning 24 hours before a trial or hearing under RCW 71.05.215, 71.05.240, 71.05.310, 71.05.320, 71.05.590, or 71.05.217, the individual may refuse psychiatric medications, but may not refuse any other medication previously prescribed by a person licensed under Title 18 RCW or emergency lifesaving treatment, and the individual shall be informed at an appropriate time of their right to refuse.		
Dat	ted:		
Ju		Judge / Commissioner	
App	proved for entry	Approved for entry	
Atto	orney for Petitioner DPA/AAG	Attorney for Respondent	
WSBA No		WSBA No	
		Respondent	
Inte	erpreter certifies that he/she has reviewed this o	order with Respondent.	
Inte	erpreter		