

# User Guide for the Petition for Assisted Outpatient Treatment

Mandatory Forms in Washington State Courts



WASHINGTON  
**COURTS**  
ADMINISTRATIVE OFFICE OF THE COURTS

Washington Pattern Forms Committee and the  
Administrative Office of the Courts  
Olympia, Washington

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# User Guide for the Petition for Assisted Outpatient Treatment (for adults and adolescents)

## **What is a Petition for Assisted Outpatient Treatment?**

This petition asks the court to order a person to undergo outpatient treatment for a behavioral health disorder. The person subject to a petition for assisted outpatient treatment is the “Respondent”.

## **Who May File a Petition for Assisted Outpatient Treatment?**

Only a person in their professional capacity may file a petition for assisted outpatient treatment, including a director of a hospital or behavioral health service provider or their designee; the director of a behavioral health service provider providing behavioral health care or residential services to the respondent or their designee; the respondent’s treating mental health or substance use disorder professional or one who has evaluated them; a designated crisis responder (DCR); the release planner for a correctional facility; or an emergency room (ER) physician.

## **Definitions.**

"Behavioral health disorder" means either a mental disorder, a substance use disorder, or a co-occurring mental disorder and substance use disorder.
“Mental disorder” means any organic, mental, or emotional impairment which has substantial adverse effects on a person’s cognitive or volitional functions.
“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.
"Adolescent" means a minor thirteen years of age or older, up until their 18th birthday.
“Declaration” means any sworn statement by professionals or others who may know about the facts in this case.

## **For How Long May a Petition Seek to Have an Order for Assisted Outpatient Treatment in Place?**

The court may order assisted outpatient treatment effective for up to 18 months.

## **Where Do I File the Petition?**

Prior to filing your petition, contact your local prosecutor's office to see whether they want to review the petition.

Then, file your petition and any witness declarations with the clerk of the superior court in the county where the respondent resides. While many counties allow electronic filing, some do not.

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](http://www.courts.wa.gov/court_dir/?fa=court_dir.county). Check with your clerk's office to determine whether electronic service is available in your county.

## **What Do I File?**

- Assisted Outpatient Treatment (AOT) Petition
- Notice of Hearing (ask the clerk's office for a hearing date)
- Any declarations, use form **MP 003**, *Declaration*

## **What Happens After You File the Petition?**

1. The court will schedule a hearing either 3-7 days after the date of service; within 30 days of service, if the parties agree; or before the respondent is discharged, if they are currently hospitalized.
2. The clerk will direct the appropriate law enforcement agency to serve a copy of the petition and notice of hearing on the petitioner (you), respondent, the qualified professional whose statement accompanied the petition, a current provider, if any, and any surrogate decision maker or agent of the respondent.

It is important to note that **you** must provide a copy of the petition, accompanying declarations, and notice of hearing to the prosecutor's office in your county. You can do this by mailing or hand delivering those documents to their office. You can find the prosecutor for the county in which you are filing by going to this web page: <https://waprosecutors.org/prosecutordirectory/>. Click on the individual county hyperlinks to go directly to the prosecutor's address for your county.

3. Attend the hearing. The first hearing may get continued if all parties have not been properly served. If so, then the court will provide the next hearing date.
4. At the hearings, the prosecutor will represent the State. You may, or may not, be asked to testify but you must attend the hearings. The judge will also hear testimony from the respondent's surrogate decision maker, if they have one and if the surrogate wants to testify. If you provided a declaration from a physician, physician assistant, advanced registered nurse practitioner, or the respondent's treating mental health or substance use disorder professional, then they may be required to testify.

5. After all evidence and testimony is presented, the court will make its decision whether to grant the AOT order. Be advised, the time between you filing the petition and the final hearing may be weeks.

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## Completing the Petition and Notice of Hearing.

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Type or print clearly! If printing, then use black or blue ink only.

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### County

On the line next to "County of \_\_\_\_\_", put the county where you will be filing.

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### Numbered Sections

#### 1. Petitioner's Name & Relationship to the Respondent.

Fill in your name and check the box that accurately describes your position in relationship to the respondent.

Fill in your contact information.

Check the box that accurately represents the respondent's age.

#### 2. Respondent's Interview.

Check the box that best describes whether you were able to interview the respondent.

If the respondent refused to be examined, then the court may order a mental examination at the hearing. In doing so, the examination may be conducted by:

- a. the qualified professional who provided a declaration to accompany the petition;
- b. a different qualified professional who may consult with the professional whose declaration accompanied the petition; or
- c. a provider at a facility, if the respondent continues to refuse to be examined and the court finds reasonable grounds to believe the statements in the petition are true. The court may authorize transportation of the respondent to the facility, and the respondent cannot be detained longer than 24 hours for examination.

#### 3. Length of AOT Order.

Write in the number of months you think the order should be in place. You may ask the court for an order that is effective for up to 18 months, based on your professional opinion of what is best for the respondent. **NOTE:** The court may

issue the final order for less than or longer than you asked based on the evidence and testimony provided at the hearing, but it cannot issue the order for more than 18 months.

#### **4. Reason/s for Assisted Outpatient Treatment.**

For (a), check the box that best reflects the respondent's behavioral health disorder.

For (b) and (c), check the box that most accurately describes the respondent's historical behavior regarding treatment.

For (f)-(h), provide the specific facts that best respond to the prompt. If the answer/s is provided in a supporting declaration, then notate "see declaration of" and provide the name of the declarant.

#### **5. Required Declarations.**

The physician, physician assistant, or advanced registered nurse practitioner who provides a declaration must have examined the respondent no more than 10 days prior to the submission of the petition. They must also be willing to testify in support of the petition. Alternatively, if the person refused to be examined during the 10 days prior to submission, then the professional who attempted to examine them may provide a declaration so long as they are willing to testify. The declaration must address why the declarant believes the respondent is in need of treatment for a mental disorder and why, based on their observations, they would better benefit from an assisted outpatient treatment (AOT) order rather than inpatient treatment.

If the declaration is provided by the respondent's treating mental health professional or substance use disorder professional, then it must be cosigned by a supervising physician, physician assistant, or advanced registered nurse practitioner who certifies that they reviewed the declaration and concur with the MH/SUD professional's opinion in the declaration.

Declarants should use *Declaration* form, **MP 003**. Only one declaration is required.

#### **6. Optional Declaration/s.**

Additional declarations may be submitted, but are not required, including declarations from intimate partners, family or household members, or others who can provide further background about the respondent's behavioral health disorder and subsequent actions. Declarants should use *Declaration* form, **MP 003**.

#### **7. Treatment Information.**

Prior to granting the AOT order, there must be an approved facility, agency, or provider willing to provide outpatient treatment for the respondent. Provide the requested information in the corresponding field.

## 8. Reentry & Transition.

If the respondent is currently incarcerated or in a treatment facility, then the court needs to know their anticipated release date and any other information that may be helpful in facilitating the respondent's successful transition back into the community.

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### Date and Sign

Write in the city and state where you are signing this. Date, sign, and print your name.

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### Notice of Hearing

Contact the clerk's office in the county where you are filing. Ask the clerk on what days ITA matters are heard and whether the clerk can provide you with a hearing date.

Once you have this information, you are ready to complete the notice.

#### 1. Hearing location, date, and time.

Fill in the name of the court, its address, the court room or calendar name, hearing date, and time of the hearing. This information is available through the clerk's office.

#### 2. Parties to be served.

Fill in the name of each party that must be served. The first section is your information; then, the respondent's information; then, the qualified professional/s whose affidavit/s accompanied the petition; then, the respondent's current provider, if you know their information; and lastly, the respondent's surrogate decision maker, if the respondent has a surrogate decision maker.

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### Date and Sign

Date, sign, and print your name.

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