**MENTAL HEALTH**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY SUPERIOR COURT

Case Information Cover Sheet (CICS)

Case Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bar Membership Number \_\_\_\_\_\_\_\_\_\_

Please check one category that best describes this case for indexing purposes. Accurate case indexing not only saves time in docketing new cases, but helps in forecasting needed judicial resources. Cause of action definitions are listed on the back of this form. Thank you for your cooperation. Draft Updated 12/19/2024

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| --- | --- | --- |
| 🞏 | alt | Alcohol/Drug Treatment |
| 🞏 | AOT | Assisted Outpatient Treatment |
| 🞏 | mi | Mental Illness - Adult |
| 🞏 | mij | Mental Illness - Juvenile |
| 🞏 | MIO | Mental Illness – Other Venue |
| 🞏 | mifJ | Mental Illness – Family Petition |

**MENTAL HEALTH**

**Alcohol/Drug Treatment**--Petition for involuntary treatment for one who is incapacitated by alcohol or drugs.

**Assisted Outpatient Treatment**—Petition requesting assisted outpatient behavioral health treatment. RCW 71.05.148

**Mental Illness--Adult**--Petition for involuntary treatment for an adult who is incapacitated by mental illness.

**Mental Illness--Juvenile**--Petition for involuntary treatment for a juvenile who is incapacitated by mental illness.

**Mental Illness–Other Venue**--Petition to modify or revoke a Less Restrictive Alternative originally issued in another county.

**Mental Illness-Family Petition**--(Joel’s Law) Petition for review of a DMHP decision to not detain a person for evaluation and treatment involuntary treatment under the Involuntary Treatment Act. Petition filed by family member, guardian, or conservator of the person named in the petition.