

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON COUNTY OF KING**

|                      |   |
|----------------------|---|
| _____,<br>Respondent | Case No. _____<br><b>ORDER REVOKING LESS RESTRICTIVE<br/>ALTERNATIVE TREATMENT / CONDITIONAL<br/>RELEASE</b><br><input type="checkbox"/> Agreed<br><br>(ORRV) |
|----------------------|---|

**HEARING**

THIS MATTER having come before the Court on the petition for revocation filed in the above-entitled and numbered Behavioral Health illness proceeding, the Petitioner(s) being represented by the undersigned Deputy Prosecuting Attorney for King County, the Respondent being represented by counsel, and:

- Respondent present
- Respondent present via video link
- Respondent not present
- Respondent waived presence
  - Presence waiver signed below.
  - Respondent has orally waived his/her presence to defense counsel, and the Court accepts this waiver.
- G.A.L. \_\_\_\_\_ present
- G.A.L. waived presence - \_\_\_\_\_
- G.A.L. waived Respondent's presence - \_\_\_\_\_
- Interpreter present
- Deputy Prosecuting Attorney \_\_\_\_\_ present
- Respondent's Attorney \_\_\_\_\_ present

The Court makes the following:

**FINDINGS OF FACT**

The Court, having reviewed the file and having received the testimony, finds by clear, cogent, and convincing evidence that:

**Waiver of Hearing.** The Respondent waives hearing upon the petition for revocation and agrees to hospitalization.

**Violation of Order.** The Respondent has violated the terms and conditions of the order and judgment for less restrictive alternative treatment / conditional release entered into on \_\_\_\_\_ by:  
\_\_\_\_\_

**Substantial Deterioration of Functioning.** A substantial deterioration of the Respondent's functioning has occurred.

**Substantial Decompensation.** The Respondent has suffered a substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment.

**Likelihood of Serious Harm.** The Respondent poses a likelihood of serious harm.

**Treatment.** The best interests of the Respondent and others would be served if the Respondent were committed for inpatient treatment.

**Other:** \_\_\_\_\_

### CONCLUSIONS OF LAW

On the basis of the foregoing findings of fact and the records and files in this behavioral health proceeding, the Court makes the following conclusions of law:

**Jurisdiction.** The Court has jurisdiction over the parties and subject matter of this behavioral health proceeding; and

**Commitment to Hospital.** The Court should order the Respondent committed for a period of inpatient treatment.

**Other:** \_\_\_\_\_

### ORDER

On the basis of the foregoing findings of fact and conclusions of law:

IT IS HEREBY ORDERED, ADJUDGED, and DECREED that:

**Remand to the Custody of Hospital.** The Respondent is remanded to the custody of:

- Auburn Multicare
- Connections Health Solutions, Kirkland
- Fairfax Hospital
- Harborview Hospital
- Navos Inpatient Services
- Northwest Hospital

- Olympic Heritage Behavioral Health
- Swedish Ballard
- Telecare
- Valley Cities Behavioral Health
- Other: \_\_\_\_\_

for a period not to exceed \_\_\_\_\_ days from \_\_\_\_\_.

**Escape and Recapture.** Any Peace Officer shall, in case of the escape of the Respondent from the treatment facility named herein, apprehend, detain, and return the Respondent to said treatment facility or whichever evaluation and treatment facility a Designated Crisis Responder for King County may designate.

**Remand to Custody of Ambulance Service.** The Respondent is remanded into the custody of an ambulance service for transportation and delivery to said treatment facility.

Facility is to adhere to provisions of RCW 71.05.210(2) regarding any necessary placement for withdrawal management, etc.

- Other:** \_\_\_\_\_

In addition to the above written findings and conclusions, the Court incorporates by reference the oral findings of fact and conclusions of law.

Done in Open Court: \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_  
Judge / Commissioner

X \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_  
Deputy Prosecuting Attorney, Bar # \_\_\_\_\_

\_\_\_\_\_  
Attorney for Respondent, Bar # \_\_\_\_\_

This order is digitally signed.

This order is digitally signed.

\_\_\_\_\_  
Bar # \_\_\_\_\_

\_\_\_\_\_  
Bar # \_\_\_\_\_

**RESPONDENT'S PRESENCE WAIVER**

I am the Respondent in this matter. My lawyer has discussed this Order with me. I know I have the right to a hearing/trial and that if I elect a trial that I will remain in treatment until the trial is completed. I know I have the right to be present at the entry of this Order. I do not wish to be present in court. I consent to the entry of this Order. I understand that upon entry of this Order, I lose any right to possess, in any manner, a firearm as defined in RCW 9.41.010 and any concealed pistol license. I have been informed that if I am or become subject to the supervision of the Department of Corrections, the information from my behavioral health provider must be shared with the Department of Corrections unless I petition the court and the court finds that public safety would not be enhanced by sharing such information.

X

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with Respondent.

X

\_\_\_\_\_  
Interpreter