

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

\_\_\_\_\_,  
Respondent

Case No. \_\_\_\_\_

**ORDER SETTING TRIAL DATE AND  
COMMITTING ADULT FOR INVOLUNTARY  
TREATMENT PENDING TRIAL**

Next Court Event:  
Type: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Courtroom: \_\_\_\_\_

Jury Trial     Bench Trial

Expiration Date: \_\_\_\_\_

(ORSTD)

**HEARING**

THIS MATTER came before the Court following the filing of a petition for  90     180

days of involuntary treatment in this mental illness proceeding. Petitioner, represented by the undersigned Deputy Prosecuting Attorney for King County, has moved for an order setting trial date and continuing the treatment of the Respondent during this proceeding.

Respondent present

Respondent present via video

Respondent not present

Respondent waived presence

Presence waiver signed below.

Respondent has orally waived his/her presence to defense counsel, and the Court accepts

- 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

**ORDER**

IT IS HEREBY ORDERED that:

**Trial Date.** A  Bench Trial is scheduled as indicated above.

Jury Trial shall commence by \_\_\_\_\_, pursuant to RCW 71.05.310, unless waived.

The Respondent waives/has waived the ten (10) judicial day jury trial right.

**Detention and Inpatient Treatment.** The Respondent is to be detained for involuntary treatment at:

- Auburn Multicare
- Cascade Behavioral Health
- Fairfax Hospital
- Harborview Hospital
- Navos Inpatient Services
- Swedish Ballard
- Telecare
- Northwest Hospital
- Valley Cities Behavioral Health
- Western State Hospital
- \_\_\_\_\_

until released by this facility or by order of this Court.

**Escape and Recapture.** If the Respondent escapes from the treatment facility named in this order, the King County Sheriff or any other Peace Officer shall apprehend, detain, and return the Respondent to this treatment facility or to the evaluation and treatment facility designated by a King County Designated Crisis Responder.

**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.

**Outpatient Treatment.** Pending trial or further order of this Court, the Respondent shall continue to abide by the conditions of the Less Restrictive Alternative Treatment Order / Conditional Release dated \_\_\_\_\_.

**Violation and Hospitalization.** If a Designated Crisis Responder determines that the Respondent is not abiding by the terms of this order or that substantial deterioration or decompensation in Respondent's functioning has occurred or that Respondent poses a likelihood of serious harm, the Respondent may be detained at an evaluation and treatment facility. If the Respondent is detained, a hearing will be held within five days to address the allegations and determine whether this order should be modified or the Respondent should be returned to an evaluation and treatment facility for intensive treatment pending trial or further order of this Court.

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

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

X \_\_\_\_\_

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

X \_\_\_\_\_

X \_\_\_\_\_

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

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

This order is being digitally signed.

\_\_\_\_\_  
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 the subject to the supervision of the Department of Corrections, the information from my mental 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 he/she has reviewed this order with Respondent.

X \_\_\_\_\_

\_\_\_\_\_  
Interpreter