

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

<p>_____, Respondent</p>	<p>Case No. _____</p> <p>FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER AUTHORIZING ADMINISTRATION OF ANTI-PSYCHOTIC MEDICATIONS</p> <p>(ORAUMED)</p>
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HEARING

THIS MATTER having come before the Court upon a petition for involuntary treatment with anti-psychotic medication, 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
 - Separate presence waiver has been filed.
 - 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
- Other present: _____.

the Court makes the following:

FINDINGS OF FACT

The Respondent was provided all notice and statements of rights relative to the petition filed herein, and that petition was filed on _____.

The Respondent has refused to consent to treatment with anti-psychotic medications:

X _____

Deputy Prosecuting Attorney, Bar # _____

X _____

Attorney for Respondent, Bar # _____

The order is 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.

X _____

Respondent

Interpreter certifies that he/she has reviewed this order with Respondent.

X _____

Interpreter