

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

Case No. _____

**FINDINGS OF FACT, CONCLUSIONS OF
LAW, AND ORDER COMMITTING MINOR
FOR INVOLUNTARY TREATMENT**

Juvenile Respondent

- ☐ 14-day commitment (ORDT14)
☐ 180-day commitment (ORDT180)
☐ 180-day LRA (ORDL180)
☐ _____ Amended

LRO Expires: _____

I. HEARING

THIS MATTER came before the Court for a hearing on the petition for _____ days of involuntary treatment.

- ☐ 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
- ☐ Parent/Guardian present
- ☐ Agreed order

II. FINDINGS OF FACT

Grounds.

- ☐ 14-Day Petition. The Court finds that the following facts have been established by a preponderance of the evidence:
- ☐ 180-Day Petition. The Court finds that the following facts have been established by clear, cogent, and convincing evidence:
- Minor. Respondent's date of birth is: _____
- ☐ Agreed Order. The Respondent, after consultation with counsel, voluntarily submitted herself/himself to the jurisdiction of the Court and agreed to the entry of an order of commitment for **behavioral health treatment**.
- ☐ Grounds: Respondent is suffering from a **behavioral health** disorder: _____
- ☐ Likelihood of Serious Harm. The Respondent, as a result of a **behavioral health** disorder, presents a likelihood of serious harm:
- ☐ to others
 - ☐ to herself/himself
 - ☐ to the property of others
- ☐ Gravely Disabled. The Respondent, as a result of a **behavioral health** disorder, is gravely disabled under:
- ☐ Prong A; and/or
 - ☐ Prong B
- ☐ Need for Treatment. The Respondent is a minor in need of evaluation and treatment of the type provided by the inpatient evaluation and treatment facility at which continued inpatient care is sought.
- ☐ Voluntariness. The Respondent is unwilling or unable in good faith to consent to voluntary treatment.

Less Restrictive Alternative. A less restrictive alternative to inpatient treatment:

- ☐ 14-Day Petition. A Less Restrictive Alternative:

- ☐ is in Minor Respondent's best interest.
- ☐ is not in Minor Respondent's best interest.
- ☐ 180-Day Petition. A Less Restrictive Alternative:
- ☐ is appropriate and available and in Minor Respondent's best interest.
- ☐ is not appropriate or available or in Minor Respondent's best interest.
- ☐ Other Findings of Fact: _____

III. CONCLUSIONS OF LAW

On the basis of the foregoing Findings of Fact and the records and files in this proceeding, the Court makes the following Conclusions of Law:

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

Involuntary Treatment. Respondent should:

- ☐ be detained for a period of fourteen days from:
- ☐ date of judgment.
- ☐ _____.
- ☐ be remanded to the custody of the Department of Social and Health Services or a certified facility for a further period of intensive treatment for one-hundred eighty days from:
- ☐ date of judgment.
- ☐ _____.
- ☐ be remanded to a less restrictive alternative for a period of evaluation and treatment for one-hundred eighty days from:
- ☐ date of judgment.
- ☐ _____.
- ☐ Other Conclusions of Law: _____

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

IV. ORDER

IT IS HEREBY ORDERED, ADJUDGED and DECREED that:

- ☐ **Inpatient Treatment.** The Respondent is to be committed for a further period of inpatient treatment to:
- ☐ Auburn Multicare

- ☐ Cascade Behavioral Health
- ☐ DSHS: _____
- ☐ Fairfax Hospital
- ☐ Harborview Hospital
- ☐ Navos Inpatient Services
- ☐ Seattle Children's Hospital
- ☐ Swedish Ballard
- ☐ Telecare
- ☐ Other: _____

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 that treatment facility or whichever evaluation and treatment facility the Designated Crisis Responder may designate;

☐ **Less Restrictive Alternative Treatment.** The Respondent shall:

- Reside with _____ at the following location and follow all house rules and regulations:

Address: _____

City: _____ ZIP: _____ Phone: _____

- Attend all scheduled appointments with and follow all treatment recommendations of:

Name: _____

Address: _____

City: _____ ZIP: _____ Phone: _____

☐ 1st appointment is: Day: _____ Date: _____ Time: _____

☐ Respondent to call **behavioral** health treatment provider within 24 hours of discharge from the hospital and accept first available appointment.

- Take all medications as prescribed, including medications prescribed while in or being discharged, including by injection, and comply with laboratory tests for medication monitoring if required;
- Refrain from use of alcohol, marijuana, and nonprescribed drugs and comply with random urinalysis, if requested;
- Refrain from threats and acts of harm to self, others, and the property of others;
- Attend school/educational program as recommended by parent(s)/guardian or

- Possess no firearms;

☐ Other: _____

Duration. The Respondent shall remain in treatment for the period specified above.

Violation and Hospitalization. Except as required by other applicable law, contracts, or licensing requirements, this order does not obligate any provider named above to provide additional services to or reports regarding the Respondent. Neither the Regional Support Network nor the Designated Crisis Responder are required under the law or the terms of this order to monitor compliance with this order. However, if a treatment facility refers the Respondent to a Designated Crisis Responder and it is thereby determined by the Designated Crisis Responder 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 s/he poses a likelihood of serious harm, the Respondent may be detained at an evaluation and treatment facility. If the Respondent is so detained, a hearing shall be held within seven days to address the allegations and determine whether this order should be modified or whether the Respondent should be returned to an evaluation and treatment facility for intensive treatment for:

☐ 14 ☐ 180 days

from:

- ☐ the revocation hearing.
- ☐ entry of this order.
- ☐ _____.

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.

Right to Full Hearing. If involuntary treatment beyond the fourteen day period is to be sought, respondent will have the right to a full hearing as required by statute.

- ☐ Respondent was advised on the record.
- ☐ Respondent signed a presence waiver which provided notice of the right to a full hearing.
- ☐ Pursuant to an oral presence waiver, defense counsel provided Respondent with notice of the right to full hearing.

Firearms Possession Prohibited. Respondent shall immediately surrender any concealed pistol license and is prohibited from possessing, in any manner, a firearm as defined by statute. The prohibition against your use or possession of a firearm remains in effect until a court restores your right to possess or use a firearm by court order.

- ☐ Respondent was advised on the record.
- ☐ Respondent signed a presence waiver which provided notice of the loss of the right to possess firearms.

☐ Pursuant to an oral presence waiver, defense counsel provided Respondent with notice of the loss of the right to possess firearms.

☐ **Other:** _____.

Done in Open Court: _____

X

Judge / Commissioner

X

Deputy Prosecuting Attorney, Bar # _____

X

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 by statute 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 he/she has reviewed this order with Respondent.

X

Interpreter