IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF SNOHOMISH

|  |  |
| --- | --- |
| IN RE THE DETENTION OF     ,Respondent. | Cause No. 24-6-00-31 DECLARATION |

 This declaration is made by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Title & Agency *(if you are providing this declaration in a professional capacity)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am Respondent’s *(choose one)*: [ ]  physician [ ]  physician assistant [ ]  advanced registered nurse practitioner [ ]  treating mental health professional [ ]  treating substance use disorder professional or [ ]  other (*please state relationship*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I declare,

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. [ ]  I have attached (*number of pages*) pages.

Signed at (*City*) (*State*) on (*Date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Declarant Print or Type Name*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Co-Declarant Print or Type Name*

*(A co-signature is only required if the declarant is the respondent’s treating mental health professional or substance use disorder professional).*