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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF SNOHOMISH

IN RE THE DETENTION OF Cause No. 24-6-00-31

DECLARATION

Respondent.

\_\_\_\_\_

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,

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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).*