SAMPLE AFFIDAVIT FOR REVOCATION

SUPERIOR COURT OF WASHINGTON FOR

✓ **SKAGIT** ☐ **SNOHOMISH** ☐ **WHATCOM COUNTY** ☐ **_____ COUNTY**

IN RE: DETENTION OF	)	No. _____
	)	
Respondent:	)	**DECLARATION FROM**
"R"	)	**WITNESS**

I declare the following:

I am R's case manager and have been seeing her for 2 years. R is on a 90 day LRO dated January 1, 2007. Since her discharge from the hospital R has missed 3 appointments (1/7/07, 1/22/07, and 2/3/07) and hangs up the phone on me when I call her house. When I have visited R at her home she always smells of alcohol and there does not appear to be any food in the home. R states she "doesn't need" her medication and that "the supreme being will care for all [her] needs".

My client has a history of rapid decompensation when off her antipsychotic medication. She has been hospitalized several times this year when she has stopped her meds, started drinking, and became unable to care for herself. R's LRO states that she must come to all scheduled appointments, refrain from threats to others, and take her psychiatric medications. She is in violation on all these conditions. Because my client (R) refuses to see me or her psychiatrist and refuses to take her medications and because she is threatening others and has become psychotic I believe hospitalization is the only clinically appropriate way to secure her safety and the safety of others.

I am willing to testify to the above facts in any subsequent judicial proceedings.

I declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.

City/Town: Mt. Vernon Dated this 20th day of June, 2007

_____ Suzanne Smith, MSW

Witness Signature Print Name