

**Superior Court of Washington
County of _____**

In re the detention of

Case No.:

**Declaration in Support of Petition for
Initial Detention by Family, Guardian,
or Conservator
(DCLR)**

Respondent (person to be detained) **DOB**

My name is: _____.

My relationship to the respondent is *(for example, spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, brother, sister, guardian/conservator, landlord, neighbor, or friend)*:

_____.

My contact information is:

Telephone: _____

Email address: _____

Mailing address: _____

Read carefully and answer each question below:

Recent Behaviors

Harm to self: Is there is a substantial risk that physical harm will be inflicted by a person upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself (for example, has the respondent recently threatened or attempted to kill or badly hurt him/herself)? yes no don't know

Harm to others: Is there a substantial risk that physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm (for example, has the respondent recently hurt someone, and/or threatened or attempted to hurt someone)? yes no don't know

Harm to others' property: Is there a substantial risk that physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others (for example, has the respondent recently damaged someone's property, and/or threatened or attempted to damage someone's property)? yes no don't know

Gravely disabled (a): Is the respondent, as a result of a mental disorder, in danger of serious physical harm resulting from a **failure to provide for his or her essential human needs** of health or safety (for example, is the respondent unable to provide for her/his basic needs of food, clothing, shelter, and/or medical care)? yes no don't know

Is there a high probability of serious physical harm within the near future unless adequate treatment? yes no don't know

Gravely disabled (b): Does the respondent, as a result of a mental disorder, manifest severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is the respondent **not receiving such care as is essential for his or her health or safety** (for example, is the respondent's mental control or decision-making ability getting worse and preventing him/her from receiving care for his/her basic needs of food, clothing shelter, and/or medical care)? yes no don't know

Will harmful consequences occur to the respondent without treatment? yes no don't know

Refused evaluation and treatment: Has the respondent refused or failed to accept evaluation and treatment voluntarily? yes no don't know

Statement

For each question you answered with "yes," describe the behavior, starting with the most recent, that caused you to answer yes. Be as detailed in your descriptions as possible and include dates for each event or example, if you can and explain how you know the information (for example, the respondent told you the information, or you saw the respondent do the things you are describing):

Attach additional paper (preferably lined paper) if you need more space to write.

Past Behaviors or Actions

Does the respondent have a history of one or more violent acts (for example, within the last ten years, has the respondent killed or caused nonfatal injuries to someone, attempted to kill himself or herself, or caused substantial damage to property)? yes no don't know

Are the symptoms and behaviors you described above closely associated with symptoms or behavior which preceded and led to a past incident of involuntary hospitalization, severe deterioration, or one or more violent acts (for example, is the respondent acting now in a way that s/he previously acted when: (a) s/he was detained or committed, (b) had a major worsening of her/his symptoms and/or behavior, or (c) killed or hurt someone, attempted to kill himself or herself, or caused substantial damage to property)? yes no don't know

Do the symptoms and behaviors you described above represent a marked and concerning change in the baseline behavior of the respondent (for example, is the respondent's behavior or symptoms worse compared to how the respondent usually acts or behaves)? yes no don't know

Without treatment for the symptoms and behaviors you described above, is the continued deterioration of the respondent probable (for example, will the respondent continue to get worse without help)? yes no don't know

For each question you answered with "yes," give recent examples below of the symptoms or behavior that supports the risk, harm, or deterioration that caused you to answer yes. Be as specific in your descriptions as possible. Include dates for each event or example, if possible.

Also, please explain how you know the information you are providing in this declaration (for example, the respondent told you the information, or you saw the respondent do the things you are describing). Attach additional paper (preferably lined paper) if you need more space to write:

Is there any other past behavior, including violent acts, the respondent committed that you want the court to know about? If yes, please give recent examples below of that behavior. Be as specific in your descriptions as possible. Include dates for each event or example, if possible.

Also, please explain how you know the information you are providing in this declaration (for example, the respondent told you the information, or you saw the respondent do the things you are describing) Attach additional paper (preferably lined paper) if you need more space to write:

Prior court actions

Has the respondent previously been found to be incompetent or insane by a court? yes
 no don't know

