

**Superior Court of Washington  
County of \_\_\_\_\_**

In re the detention of

**Case No.:**

**Petition for Initial Detention by  
Family, Guardian, or Conservator  
(PTINDT)  
(Cause code – MIF)**

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

*You must complete this form and the Declaration in Support of Petition for Initial Detention by Family, Guardian, or Conservator and file them with the clerk of the court. You may also file signed declarations from family members, landlords, neighbors, or anyone else with significant contact and history of involvement with the respondent in support of your petition.*

I, \_\_\_\_\_ (name of petitioner), am filing this Petition for Initial Detention to ask the court to detain the respondent for mental health evaluation and treatment.

**1. Petitioner’s relationship to the respondent**

I am the respondent’s:

- spouse     domestic partner     child     stepchild     parent  
 stepparent     grandparent     brother     sister  
 guardian\*     conservator\*

\*The Guardianship/Conservator case number is \_\_\_\_\_ and it is filed in \_\_\_\_\_ County Superior Court.

**2. Petitioner’s contact information**

My contact information is:

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**3. Information about the Designated Mental Health Professional (DMHP) Investigation**

An investigation by a DMHP was requested on \_\_\_\_\_ (date).

Name of DMHP and agency: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

What happened:

The DMHP investigated the respondent and decided not to detain him/her for evaluation and treatment.

or

48 hours or more have passed since the DMHP received a request for investigation and the DMHP has not taken any action to detain the respondent.

**Petitioner signs here:**

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

Signed at \_\_\_\_\_ Date: \_\_\_\_\_  
*CITY STATE*

▶ \_\_\_\_\_  
*Petitioner signs here Print name Date*

**Petitioner's lawyer (if any) fills out below:**

▶ \_\_\_\_\_  
*Petitioner's lawyer signs here Print name and WSBA No. Date*