IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR KING COUNTY

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|  **In re the Detention of:** **DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respondent (person to be detained)  |  | **Cause No. 15-6-****-****SEA****Respondent’s Waiver of Presence** |
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I am the Respondent in this matter. My lawyer has discussed the petition for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with me. I know that I have the right to a hearing on the petition. I do not wish to have a hearing. I know that I have the right to be present in court for entry of this agreed order on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I do not wish to be present in court. I consent to the entry of an Order

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I understand that if treatment beyond 14 days is sought, I will have the right to a trial by jury, judge or mental illness commissioner as required by RCW 71.04.310 and that I will remain in treatment until such trial is completed. I further understand that because I will be committed by court order for the treatment of mental illness under RC 71.05.240, I must surrender any concealed pistol license and I will be barred from the possession of firearms. I have been informed that if I am or become subject to the supervision of the Department of Corrections the information with my mental health provider must be shared with the Department of Corrections unless I petition the court and the court finds that public safety would not be enhanced by sharing such information.

Dated:

 Respondent

 Attorney for Respondent

 WSBA #: