

Declaration To Provide Treatment

By the signature on this declaration, _____ (treatment agency) _____ agrees to carry out the provisions of the treatment plan as set forth in the evaluation document, and in accordance with RCW 10.04 et seq.

- We agree to the terms of the treatment required by law and the treatment plan.
- We agree to report to the court monthly during the treatment program regarding the petitioner's cooperation with the treatment plan and the petitioner's progress or failure in treatment.

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

Dated this _____ day of _____, _____. In _____, _____.

(day) (month) (year) (City) (State)

Signature of Treatment Facility Staff Member