



BEHAVIORAL HEALTH ADMINISTRATION (BHA)
PO BOX 45010 • OLYMPIA WA 98504-5010

Withdrawal of Petition for Conditional Release or Unconditional Release

Today's Date

Petitioner's Name:

Western State Hospital
ATTN: CFS Administration
9601 Steilacoom Blvd SW
Lakewood WA 98498

Subject: **Withdrawal of Petition for Conditional Release or Unconditional Release**

Presiding Criminal Judge: _____

_____ County Superior Court

Court address:

I am writing to withdrawal my petition for: ☐ Conditional release ☐ Unconditional release

My information is provided below:

Name: _____

Date of Birth: _____

Cause Number: _____

Date of Petition: _____

Date of Withdrawal: _____

Signature: _____

cc: Prosecuting Attorney _____