DSHS
WASHINGTON STATE
Department of Social and Health Services

Behavioral Health and Habilitation Administration (BHHA)
PO Box 45010 • Olympia WA 98504-5010

Withdrawal of Petition for Conditional Release or Unconditional Release

Petitioner's Name:

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

_____ County Superior Court

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 _____