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| BEHAVIORAL HEALTH ADMINISTRATION (BHA)  PO BOX 45010 • OLYMPIA WA 98504-5010  **Withdrawal of Petition for Conditional Release or Unconditional Release**  **Today's Date** | |
| **Western State Hospital**  **ATTN: CFS Administration 9601 Steilacoom Blvd SW**  **Lakewood WA 98498** | Petitioner’s Name: |
| 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 | |