|  |  |
| --- | --- |
| BEHAVIORAL HEALTH ADMINISTRATION (BHA)  PO BOX 45010 • OLYMPIA WA 98504-5010  **Withdrawal of Petition for Conditional Release or Unconditional Release**  **Date** | |
|  | 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 | |