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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 Administration9601 Steilacoom Blvd SW****Lakewood WA 98498** | Petitioner’s Name: |
| Subject: **Withdrawal of Petition for Conditional Release or Unconditional Release**Presiding Criminal Judge:   County Superior CourtCourt address: |
| I am writing to withdrawal my petition for: [ ]  Conditional release [ ]  Unconditional releaseMy information is provided below:Name:  Date of Birth:  Cause Number:  Date of Petition:  Date of Withdrawal:  Signature: cc: Prosecuting Attorney   |