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