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Process As ORIGINAL

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service (77)

The organization may have to use a copy of this return to satisfy state reporting requirements.

0712

A For the 2007 calendar year, or tax year beginning 2007, and ending 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: RESOURCES Word Resources, Inc. Number and street: 1723 W MALLONE ST. City or town, state or country, and ZIP + 4: Spokane WA 99201

D Employer identification number: 91-209-2791206528 Telephone number: 509-742-6220 F Accounting method: Other (specify)

G Website: www

J Organization type (check only one): 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends and interest... 6a Gross rents... 6b Less: rental expenses... 6c Net rental income... 7 Other investment income... 8a Gross amount from sales of assets... 8b Less: cost or other basis... 8c Gain or (loss)... 8d Net gain or (loss)... 9 Special events and activities... 9a Gross revenue... 9b Less: direct expenses... 9c Net income... 10a Gross sales of inventory... 10b Less: cost of goods sold... 10c Gross profit or (loss)... 11 Other revenue... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or (deficit) for the year... 19 Net assets or fund balances at beginning of year... 20 Other changes in net assets... 21 Net assets or fund balances at end of year.

SCANNED AUG 12 2010

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0			
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0			
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
26	Salaries and wages of employees not included on lines 25a, b, and c	0			
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0			
33	Supplies	0			
34	Telephone	0			
35	Postage and shipping	0			
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	0			
43	Other expenses not covered above (itemize):				
43a	a				
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)				

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
a (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> f Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash—non-interest-bearing		45
	46 Savings and temporary cash investments		46
	47a Accounts receivable 47a		
	b Less: allowance for doubtful accounts 47b		47c
	48a Pledges receivable 48a		
	b Less: allowance for doubtful accounts 48b		48c
	49 Grants receivable		49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule) 51a		
	b Less: allowance for doubtful accounts 51b		51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment: basis 55a		
	b Less: accumulated depreciation (attach schedule) 55b		55c
	56 Investments—other (attach schedule)		56
	57a Land, buildings, and equipment: basis 57a		
b Less: accumulated depreciation (attach schedule) 57b		57c	
58 Other assets, including program-related investments (describe ►)		58	
59 Total assets (must equal line 74). Add lines 45 through 58		59	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ►)		65
66 Total liabilities. Add lines 60 through 65		66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74	

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
90a	List the states with which a copy of this return is filed		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		
91a	The books are in care of: Telephone no. Located at: ZIP + 4		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer _____ Date _____
Type or print name and title _____

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen Inst X) _____
Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____ Phone no _____

720651

MSC CSCO

Extension

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MAY 17 2008

720651
TEAM 103 # 31
S- 12/06/07
E- 6/03/08

RECEIVED
MAY 17 2008
SPOKANE COUNTY CLERK

FILED
DEC 06 2007

THOMAS R FALLQUIST
SPOKANE COUNTY CLERK

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF SPOKANE

IN RE THE INVOLUNTARY)
TREATMENT OF)

NO. 07-6-00549-7

Gary Garris)
Respondent.)

**FINDINGS OF FACT AND
CONCLUSIONS OF LAW
(FNFL)**

THIS MATTER has come on for hearing before the undersigned upon the petition for one hundred eighty (180) day involuntary treatment filed by the County designated mental health professional. The Petitioner has been represented by STEVEN J. TUCKER, Spokane County Prosecuting Attorney, by and through his Deputy Neil H. Korbas/(_____), and the Respondent has been represented by Richard Mathisen/Amy Sullivan (_____), his/her attorney.

FINDINGS OF FACT AND CONCLUSIONS OF LAW
Page 1 of 8

**SPOKANE COUNTY
PROSECUTING ATTORNEY**
1115 W Broadway Ave
Spokane, WA 99260
(509) 477-5764

(adult 180-day f&c CMH 280 (3))
Revised 01/03/07

RECEIVED IN
DEC 07 2007
MEDICAL RECORDS

1 The respondent is currently under a Least Restrictive Alternative pursuant to
2 RCW 71.05.280 (3) and as a result of a mental disorder or developmental
3 disability presents a substantial likelihood of repeating similar acts
4 considering the charged behavior, life history, progress in treatment, and the
5 public safety.
6

7
8 **III.**
9

10
11 The above finding of:

12 The Respondent, has been determined to be incompetent and felony criminal
13 charges have been dismissed pursuant to RCW 10.77.090, and the respondent
14 has committed acts constituting a felony and as a result of a mental disorder,
15 presents a substantial likelihood of repeating similar acts.
16

17 The respondent is currently under a Least Restrictive Alternative pursuant to
18 RCW 71.05.280 (3) and as a result of a mental disorder or developmental
19 disability presents a substantial likelihood of repeating similar acts
20 considering
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22 the charged behavior, life history, progress in treatment, and the public safety.
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IV.

Two examining physicians or an examining physician and mental health professional have analyzed the Respondent's condition and either testified, or were willing to testify the respondent has committed acts constituting a felony and as a result of a mental disorder, presents a substantial likelihood of repeating similar acts.

V.

[] That the Respondent has been advised of the need for, but has not accepted, voluntary treatment; or

[*N*] That the Respondent has applied for voluntary admission but there is evidence that the Respondent has not volunteered in good faith.

VI.

That the County designated mental health professional has filed a Petition for a one hundred-eighty (180) day involuntary detention or a less restrictive alternative treatment with the Court, which complies with requirements of RCW 71.05.320.

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VII.

A copy of a Petition has been served on the Respondent, his/her attorney, his/her guardian or conservator, if any, and the Prosecuting Attorney prior to the hearing.

VIII.

Counsel was appointed prior to the hearing to represent the Respondent.

IX.

A hearing was held in compliance with RCW 71.05.310.

Based upon the foregoing Findings of Fact, the Court now makes the following:

CONCLUSIONS OF LAW

I.

The Court has jurisdiction over the parties and subject matter of this proceeding.

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II.

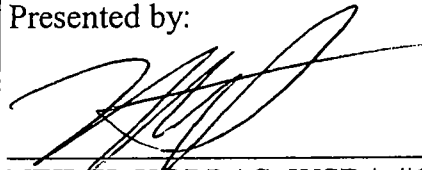
That an order should be entered detaining the Respondent for involuntary treatment not to exceed one hundred eighty (180) days; (or)

That an order should be entered requiring the Respondent to participate in a 180 day less restrictive form of treatment with appropriate conditions and limitations.

DONE IN OPEN COURT this 6 day of Dec, 2007.



COURT COMMISSIONER

Presented by:


NEIL H. KORBAS, WSBA #12102
Deputy Prosecuting Attorney

1
2
3 **APPENDIX "A"**

4 The facts supporting the Finding of :

5 The Respondent, has been determined to be incompetent and felony criminal
6 charges have been dismissed pursuant to RCW 10.77.090, and the respondent
7 has committed acts constituting a felony and as a result of a mental disorder,
8 presents a substantial likelihood of repeating similar acts.

9
10 The respondent is currently under a Least Restrictive Alternative pursuant to
11 RCW 71.05.280 (3) and as a result of a mental disorder or developmental
12 disability presents a substantial likelihood of repeating similar acts
13 considering
14
15 the charged behavior, life history, progress in treatment, and the public safety.

16
17 are set forth below:

18 stipulation of counsel.

19
20 judgment on the pleadings.

21 stipulation to the pleadings and the testimony of the Respondent.

22 based upon the stipulation and the testimony of the Respondent, the

23
24 following facts were found by the court:

25 **FINDINGS OF FACT AND CONCLUSIONS OF LAW**
26 Page 7 of 8

SPOKANE COUNTY
PROSECUTING ATTORNEY
1115 W. Broadway Ave.
Spokane, WA 99260
(509) 477-5764

27 (adult 180-day I&c CMH 280 (3))
Revised 01/03/07

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The Respondent, has been determined to be incompetent and felony criminal charges have been dismissed pursuant to RCW 10.77.090, and the respondent has committed acts constituting a felony and as a result of a mental disorder, presents a substantial likelihood of repeating similar acts.

The respondent is currently under a 180 day Least Restrictive Alternative Order pursuant to RCW 71.05.280 (3) and as a result of a mental disorder or developmental disability continues to presents a substantial likelihood of repeating similar acts unless kept under an order of the court. After considering the charged behavior, life history, progress in treatment, as well as the safety of the public, the court finds that the 180 day Least Restrictive Order should be entered.

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FILED
DEC 06 2007
THOMAS R. FALLQUIST
SPOKANE COUNTY CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF SPOKANE

IN RE THE INVOLUNTARY)
TREATMENT OF) NO. 07-6-00549.7
Gary Garvis) **ORDER OF INVOLUNTARY**
Respondent.) **TREATMENT (ORDTCOC/ORDTLRA)**

THIS MATTER has come on for hearing before the undersigned upon the petition for one hundred eighty (180) day involuntary treatment filed by the County designated mental health professional, both parties having been represented by counsel, and the court having previously entered Findings of Fact and Conclusions of Law, the court hereby:

ORDERS the Respondent, *Gary Garvis* be subject to involuntary treatment for a period not to exceed one hundred eighty (180) days.

(adult 180-day order CMH 280 (3))
Revised 01/02/07

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IT IS FURTHER ORDERED that Respondent shall:

Be detained and treated at Sacred Heart Medical Center at Spokane, Washington, a certified evaluation and treatment facility (or)

Be remanded to the custody of _____ for treatment, a certified evaluation and treatment facility on _____; (or)

SMH is ordered to investigate and seek one hundred and eighty day (180) less restrictive alternative treatment for Respondent at Mallon Place, or other similar program or facility. As a condition of less restrictive treatment, the Respondent is ordered to:

Attend treatment appointments and follow treatment orders of Spokane Mental Health + Mallon Place

Take prescribed medication.

Refrain from threatening to harm or harming himself/herself or others.

Allow the free release of information between the parties implementing the case management or treatment plan.

Consume no illegal drugs or alcohol.

Cooperate and complete treatment.

Not possess any firearms. (see below)

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[] _____

The Respondent may be ordered into a more restrictive form of treatment unless the Respondent complied with each of the above orders during the involuntary treatment period. The Respondent may also be ordered into a more restrictive form of treatment if he or she exhibits a substantial deterioration in functioning during that period.

Gary Jarvis, you are hereby notified that you are barred from possession of firearms (RCW 9.41.040), until such time as your right to possess firearms is restored by a court of record (RCW 9.41.047).

YOU ARE FURTHER FOTIFIED THAT:

If you are or if you become subject to the supervision of the Washington State Department of Corrections, you must notify all of your treatment providers that you are under the supervision of the Department. Your mental health treatment records shall be shared with the Department of Corrections during your incarceration and supervision.

IT IS FURTHER ORDERED that should you be committed to Eastern State Hospital and subsequently, require medical treatment, you may be transferred as an involuntary patient to Sacred Heart Medical Center. Following discharge from Sacred Heart Medical Center, you will be transferred back to Eastern State Hospital for the remainder of your current involuntary commitment. The Public Defender's Office and Community Mental Health Center will be notified of the change in status on the next business day.

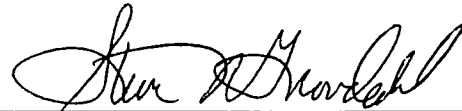
(adult 180-day order CMH 280 (3))
Revised 01/02/07

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IT IS FURTHER ORDERED that: _____

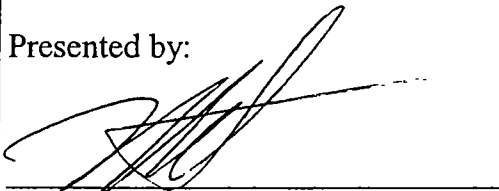
IT IS FINALLY ORDERED that the Sheriff of Spokane County or another peace officer shall, in the case of the Respondent escaping from the evaluation and treatment facility named herein, apprehend, detain and return the Respondent to said evaluation and treatment facility or whatever evaluation or treatment facility for Spokane County the designated mental health professional may select.

DATED this 6 day of Dec, 2007.



COURT COMMISSIONER
STEVEN N. GROVDAHL
COURT COMMISSIONER

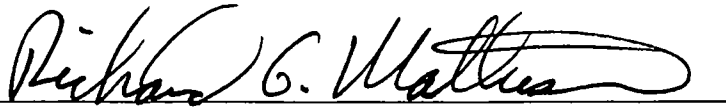
Presented by:



Neil H. Korbas, WSBA #12102
Deputy Prosecuting Attorney

Approved as to form, notice of presentment waived.

The Respondent, with assistance of counsel, having stipulated to the court's Findings of Fact and Conclusion of Law, hereby agrees to this Order.



Richard Mathisen/ Amy Sullivan
Attorney for Respondent
WSBA #18698/28380

ORDER OF INVOLUNTARY TREATMENT
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SPOKANE COUNTY
PROSECUTING ATTORNEY
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