

**White Mountain Apache Tribal Regional Behavioral Health Authority
ADHS/DBHS FORM MH-100
APPLICATION FOR INVOLUNTARY EVALUATION
(Pursuant to A.R.S. § 36-520)**

STATE OF ARIZONA)
)
COUNTY OF)

To the _____
 (Regional or Screening Authority)

1. The undersigned applicant requests that the above agency conduct a pre-petition screening of the person named herein.

2. The undersigned applicant alleges that there is now in the County a person whose name and address are:

(Name)	(Address)
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and that s/he believes that the person has a mental disorder and as a result of said mental disorder, is:

- | | |
|--|---|
| <input type="checkbox"/> a danger to self; | <input type="checkbox"/> a danger to others; |
| <input type="checkbox"/> gravely disabled; | <input type="checkbox"/> persistently or acutely disabled |

and is:

- unwilling to undergo voluntary evaluation, as evidenced by the following facts:

- unable to undergo voluntary evaluation, as demonstrated by the following facts:

and who is believed to be in need of supervision, care, and treatment because of the following facts: _____

3. The conclusion that the person has a mental disorder is based on the following facts:

4. The conclusion that the person is dangerous or disabled is based on the following facts:

PERSONAL DATA OF PROPOSED PATIENT:

Age _____ Date of Birth _____ Sex _____ Race _____
Weight _____ Height _____ Hair Color _____ Eye Color _____
Marital Status _____ Number of Children _____
Social Security No. _____ Religion _____
Distinguishing Marks _____
Occupation _____
Present Location _____
Dates and Places of Previous Hospitalization _____
How Long in Arizona _____ State Last From _____
Veteran _____ C-No. _____ Education _____

NAME, ADDRESS AND TELEPHONE NUMBER OF:

- 1) Guardian
- 2) Spouse
- 3) Next of Kin
- 4) Significant Other Persons

DATE SIGNATURE OF APPLICANT
Printed or Typed Name of Applicant _____
Relationship to Proposed Patient _____
Applicant's Address _____
Applicant's Telephone _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__

Notary Public

My Commission Expires:
