

- _____
6. The person is believed to be in need of supervision, care, and treatment because of the following facts: _____
- _____
- _____
7. The conclusion that the person has a mental disorder is based on the following facts: _____
- _____
8. The conclusion that the person is dangerous or disabled is based on the following facts: _____
- _____
9. The conclusion that all available alternatives have been investigated and deemed inappropriate is based on the following facts: _____
- _____
10. Applicant information: _____
 Name of Applicant: _____
 Address of Applicant: _____
 Relationship to or Interest in the Proposed Patient: _____
11. In the opinion of the Petitioner, the person is _____ is not _____ in such a condition that, without immediate or continuing hospitalization, s/he is likely to suffer serious physical harm or inflict serious physical harm upon another person.
12. In the opinion of the Petitioner, evaluation should _____ should not _____ take place on an outpatient basis, based upon the following reasons: _____
- _____

PETITIONER REQUESTS THAT THE COURT:

Issue an Order requiring the person to be given an _____ Inpatient _____ Outpatient evaluation.

 DATE

 Signature of Petitioner

 Printed or Typed Name

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

Notary Public

My Commission Expires:
