**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF**

In the matter of )

) MH

)

) PETITION FOR COURT-

) ORDERED EVALUATION

) (Pursuant to A.R.S. § 36-523)

)

re: Mental Health Services

 )

STATE OF ARIZONA )

)

COUNTY OF )

Petitioner,

MEDICAL DIRECTOR

being first duly sworn/affirmed, alleges that:

1. There is now in this County a person whose name and address are as follows:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *NAME* |  | *ADDRESS* |

1. The person may presently be found at:

1. There is reasonable cause to believe that the person has a mental disorder and is as a result:

A danger to self; A danger to others;

Gravely disabled; Persistently or acutely disabled and is:

1. The person is unwilling to undergo voluntary evaluation, as evidenced by the following facts:

1. The person is unable to undergo voluntary evaluation, as demonstrated by the following reasons:

1. The person is believed to be in need of supervision, care, and treatment because of the following facts:

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

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

1. The conclusion that all available alternatives have been investigated and deemed inappropriate is based on the following facts:

1. Applicant information:

Name of Applicant:

Address of Applicant:

Relationship to or Interest in the Proposed Patient:

1. 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.
2. 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 APPLICANT* |  | *PRINTED NAME* |

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

|  |  |  |
| --- | --- | --- |
| My Commission Expires: |  |  |
|  |  | *Notary Public* |