



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\_\_.

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Notary Public

My Commission Expires:

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