

4.

At the time of such diagnosis, the proposed patient: (check one)

_____ did not receive a prescription for medication

____ was given a prescription for medication.

5.

The circumstances underlying this application are as follows: (check as many as apply)

the proposed patient has refused, and continues to refuse to take (his)(her) medicine

the proposed patient refuses to seek medical or other treatment for (his)(her) illness or condition

_____ the proposed patient has in the past sought treatment but now refuses the same.

6.

As a result of such circumstances, the proposed patient is exhibiting the following symptoms and behaviors:

7.

On the basis of these symptoms/behaviors, the applicant believes that the proposed patient is a person suffering from mental illness and/or substance abuse and is in need of involuntary treatment for (his)(her) own health, well-being and safety and/or for the safety of the general public, either currently or in the foreseeable future.

8.

The names, addresses and phone numbers of other persons who might be able to provide further information are as follows:

THEREFORE, the Applicant requests that _____ (Mental Health Facility) conduct a preliminary investigation, and if such investigation shows that there is probable cause to believe these allegations are true, the Applicant further requests that the Center petition the Probate Court of _____ County for an order requiring the proposed patient to appear and show cause why he or she should not be admitted to an evaluating facility and ordered to undergo an evaluation of whether or not the proposed patient is in need of involuntary treatment.

This day of , .

(Signature of Applicant)

Sworn to upon oath and subscribed before
me this _____ day of _____, _____.

Notary Public