

**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:

<i>NAME</i>	<i>ADDRESS</i>

2. The person may presently be found at: \_\_\_\_\_  
 \_\_\_\_\_

3. 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:

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

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

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 APPLICANT                                  PRINTED NAME

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

My Commission Expires: \_\_\_\_\_  
 \_\_\_\_\_ Notary Public