

2. and who is believed to be in need of supervision, care and treatment because of the following facts:

This is the point where you can focus on all the behaviors you've seen, statements made by client, your observations—what shows that they aren't doing well, if emergent—what illustrates potential dangers. Describe how the person is likely to come to harm, or harm others without treatment, eg. Will continue to decompensate and aggression is likely to escalate to point of potential harm to self or others. What is concerning that can lead to potential danger if there is no intervention?

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

Provide info about specific psych history—current or past psych diagnoses & treatment ,meds, prior COT [with dates if known] or current/prior SMI status. Describe specific behaviors/ thought processes you are witnessing to support belief that a mental disorder is responsible for the person's current state.

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

What specific behaviors are you seeing that show s/he is dangerous or disabled—and why are they likely to lead to harm to self or others. (Running in front of cars, aggressive behaviors towards others or threats, screaming obscenities at strangers, hoarding meds & threatening to OD etc –for emergent.). Potential dangerous behaviors for PAD: psychotic and believes food/meds/water is poisoned and not maintaining basic needs, not taking required medical medications for conditions such as diabetes, high blood pressure etc. Any potential dangerous situation which is likely to result due to untreated mental illness.

PERSONAL DATA OF PROPOSED PATIENT:

Age Date of Birth sex race

Weight Height Hair Color Eye Color

Marital Status Number of Children

Social Security Number Religion

Distinguishing Marks *May include tattoos, scars, glasses, walkers, hairstyle or color if unusual*

Occupation

Present Location *Home address of if person in a place other than home? Hospital, jail etc.*

Dates and Places of Previous Hospitalization *History of psych, not medical, Tx*

How Long in Arizona State Last From

Veteran C-No *Veterans only* Education

NAME ADDRESS AND TELEPHONE NUMBER OF:

- 1) Guardian *If not own guardian*
- 2) Spouse *Include contact info*
- 3) Next of Kin *If any known*
- 4) Significant Other Persons *May include CM, peers, neighbors etc.. May be the people listed on witness sheet.*

 DATE SIGNATURE OF APPLICANT _____

Printed or Typed name of Applicant

Relationship to Proposed Patient

Applicant's Address

Applicant's Telephone

SUBSCRIBED AND SWORN to before me this day of , 2020.

Notary Public

My Commission Expires:
