

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

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

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

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			
Occupation			
Present Location			
Dates and Places of Previous Hospitalization			
How Long in Arizona		State Last From	
Veteran	C-No.	Education	

NAME ADDRESS AND TELEPHONE NUMBER OF:

- 1) Guardian
- 2) Spouse
- 3) Next of Kin
- 4) Significant Other Persons

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

Notary Public

My Commission Expires:

**APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION
(Pursuant to A.R.S. § 36-524)**

STATE OF ARIZONA) **MR/MS**
) **SS. WAS DETAINED AT URGENT PSYCHIATRIC CARE CENTRAL**
COUNTY OF MARICOPA) **DATE: TIME:**
PROVIDER:
TITLE:
SIGNATURE:

The undersigned applicant, being first duly sworn/affirmed, hereby requests that:

Connections AZ Inc - UPC
(Evaluation Agency)

admit the person named herein for evaluation.

1. The undersigned applicant alleges that there is now in the County a person whose name and address are:

(Name)

(Address)

and that she/he believes that the person has a mental disorder and as a result of said mental disorder, is: a danger to self; a danger to others;

and that during the time necessary to complete pre-petition screening under A.R.S. §§ 36-520 AND 36-521, the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon another person.

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

The specific nature of the danger posed by this person is:

A summary of the observations upon which this statement is as follows:

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

Occupation

Present Location

Dates and Places of Previous Hospitalization

How Long in Arizona State Last From

Veteran C-No. Education

NAME ADDRESS AND TELEPHONE NUMBER OF:

- 1) Guardian
- 2) Spouse
- 3) Next of Kin
- 4) Significant Other Persons

DATE

Applicant Signature

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 _____

Notary Public

My Commission Expires:

WITNESS INFORMATION FORM

PROPOSED PATIENT:

WITNESSES DATA:

1. NAME: AGENCY: EMAIL
ADDRESS
CITY ST ZIP CODE
HOME No.: WORK No.: CELL No.: FAX No.
RELATIONSHIP TO PROPOSED PATIENT
IF WORKING FOR AN AGENCY,
SUPERVISOR'S NAME AND PHONE NO.

ANTICIPATED TESTIMONY:

RE: DTS DTO PAD GD

2. NAME: AGENCY: EMAIL
ADDRESS
CITY ST ZIP CODE
HOME No.: WORK No.: CELL No.: FAX No.
RELATIONSHIP TO PROPOSED PATIENT
IF WORKING FOR AN AGENCY,
SUPERVISOR'S NAME AND PHONE NO.

ANTICIPATED TESTIMONY:

RE: DTS DTO PAD GD

3. NAME: AGENCY: EMAIL
ADDRESS
CITY ST ZIP CODE
HOME No.: WORK No.: CELL No.: FAX No.
RELATIONSHIP TO PROPOSED PATIENT
IF WORKING FOR AN AGENCY,
SUPERVISOR'S NAME AND PHONE NO.

ANTICIPATED TESTIMONY:

RE: DTS DTO PAD GD

*This form to be completed and attached to Application for Emergency Admission in lieu of "Form C".
For Maricopa Medical Center Psychiatric Annex, and Desert Vista in-house use only.*