

**INSTRUCTIONS FOR
APPLICATION FOR EMERGENCY EVALUATION**

- This form is to be filled out, **by a person who made personal observation(s)**, that the proposed patient is, as a result of a mental disorder, a danger to self or others, and that during the time necessary to complete the prepetition screening procedures, the proposed patient is likely, without immediate hospitalization, to suffer serious physical harm to self or serious illness or is likely to inflict serious physical harm upon another person.
- This form must be filled out **by a responsible individual (the “Applicant”)**, who has knowledge of the **facts requiring emergency admission**. The Applicant may be a relative or friend of the proposed patient, a peace officer, the admitting officer or another responsible person.
- The screening agency shall offer assistance to the Applicant in preparation of the application.
- The form must be filled out in its entirety. The Applicant shall provide a statement of his/her personal observation which demonstrates that, as a result of a mental disorder, the proposed patient is a danger to self or others, the specific nature of the danger, and a summary of the observations upon which the statement of danger is based.
- If additional space is necessary, please note the additional information on a separate sheet attached to this document. Indicate that there is additional information on the comment area of this form.
- This form must be signed by the Applicant and notarized.**
- The completed form is given to the screening agency who conducted the prescreening.

Please contact the Pinal County Attorney’s Office and request the Mental Health Attorney at 520-866-6271 or the Mental Health Court Liaison at 520-483-5893 if you have any further questions about filling out this document.

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

STATE OF ARIZONA)
)
COUNTY OF PINAL)

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

_____ (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 s/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 the 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 a mental disorder is based on the following facts:

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

A summary of the personal observations upon which this statement is based 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 No. _____ Religion _____
Distinguishing Marks _____
Occupation _____
Present Location _____
Dates and Places of Previous Hospitalizations _____

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 _____, 20_____.

Notary Public