

5. Proposed Patient _____ is _____ is NOT charged with a criminal offense
6. Proposed Patient:
____ is not a minor or protected person in a guardianship; or
____ is a minor or protected person in a guardianship and the name, address, and phone number of the parent or guardian is:

7. The attached Certificate of Medical Examination was completed by:
_____ on _____.
8. Other information pertinent to the application:

Wherefore, Applicant prays that upon final hearing, treatment be authorized for Proposed Patient for a period not to exceed ___ 45 days, or ___ 90 days, if the Court finds that a longer period is necessary, and that Proposed Patient be ordered committed to _____.

Signed on this the _____ day of _____, 202__.

APPLICANT'S SIGNATURE

NOTARY

Before me, the undersigned notary public, on this day personally appeared the Applicant in the above numbered cause, and swears that he/she read the above and foregoing Application For Court-Ordered Temporary Inpatient Mental Health Services, and that every statement contained therein is within his/her personal knowledge and is true and correct.

Subscribed and sworn to before me on the _____ day of _____, 202__.



NOTARY SIGNATURE