

**ADHS/DBHS FORM MH-105
 PETITION FOR COURT-ORDERED EVALUATION**

**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:

_____	_____
(Name)	(Address)

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:

- | | |
|--|---|
| <input type="checkbox"/> A danger to self; | <input type="checkbox"/> A danger to others; |
| <input type="checkbox"/> Gravely disabled; | <input type="checkbox"/> 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 Petitioner

 Printed or Typed Name

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public

My Commission Expires:
