

**ADHS/DBHS FORM MH-110
 PETITION FOR COURT-ORDERED TREATMENT
 Gravely Disabled Person**

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF

In the Matter of)	
)	MH
)	
)	PETITION FOR COURT- ORDERED TREATMENT
)	(Pursuant to A.R.S. § 36-533)
re: Mental Health Services)	Danger to Self/Others or
)	Persistently or Acutely Disabled or
)	Gravely Disabled

STATE OF ARIZONA)	
)	ss
COUNTY OF _____)	
)	

Petitioner _____, being first duly sworn/affirmed, alleges that:
 (Medical Director)

1. _____ is, as a result of a mental disorder:
 - danger to self
 - danger to others
 - persistently or acutely disabled
 - gravely disabled and in need of treatment.

2. The court-ordered treatment alternatives that are appropriate and available are:
 - outpatient treatment [A.R.S. § 36-540(A)(1)].
 - combined inpatient and outpatient treatment [A.R.S. § 36-540(A)(2)].
 - inpatient treatment [A.R.S. § 36-540(A)(3)].

3. The person is unwilling or is unable to accept treatment voluntarily.

4. A summary of the facts supporting the above allegations is in the attached reports of examining physicians.

5. The person is residing or present in this county, or is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county, or who was committed by an Arizona tribal court, which order of commitment was duly domesticated pursuant to A.R.S. § 12-1702 et seq.

6. The person is entitled to notice of hearing of the petition and may be found at _____
(location)

7. Petitioner believes the person requires a:
_____ Title 14 guardian; _____ Conservator; _____ Title 36 guardian
And requests the Court to order an investigation and report to be made to the Court
regarding this need. Said need exists because: _____

8. Petitioner believes the proposed person needs the immediate services of a temporary _____
_____ guardian _____ conservator and requests that the Court appoint the same
because: _____

9. Petitioner believes that _____ address: _____, is the
person's guardian/conservator, who should receive notice of any hearing.

10. A copy of this Petition has been mailed to the Public Fiduciary of _____
County and (other guardian, if any) _____

PETITIONER requests that the Court:

1. Set a date for a hearing; and
2. After notice and hearing find that the person is suffering from a mental disorder the result of
which renders him/her dangerous to self or others, persistently or acutely disabled, or
gravely disabled and order a period of treatment, all as set forth in paragraphs (1) and (2)
above.
3. Check if applicable;
 Order an independent investigation and report to the Court regarding the need for a Title
14 guardian or conservator or Title 36 guardian.
 Appoint the following-named person as temporary guardian and/or conservator of the
person, who Petitioner believes to be a fit and proper person to serve in that capacity;

(Proposed Temporary Guardian/Conservator)

(Relation to Patient)

(Address of Proposed Temporary Guardian/Conservator)

Impose the duties of a Title 36 guardian upon the person's A.R.S. Title 14 guardian who
is _____

DATE

Signature of Petitioner
Medical Director

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

NOTARY PUBLIC OR DEPUTY CLERK OF THE SUPERIOR COURT

My Commission Expires:
