ADHS/DBHS FORM MH-104 APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION (Pursuant to A.R.S. § 36-524)

STA	E OF ARIZONA)				
COLI)ss NTY OF)				
COO)				
The i	ndersigned applicant, being first duly sworn/affirmed, hereby requests that				
(Eval	admit the person named herein for evaluation. ation Agency)				
(= :					
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 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.				
2.	The conclusion that the person has a mental disorder is based on the following facts:				
3.	The specific nature of the danger posed by this person is:				
4.	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 StatusNumber of Children						
Social Security NoReligion						
Distinguishing Marks						
Occupation						
Present Location						
Dates and Places of Previous Hospitalization						
How Long in Arizona State Last From						
VeteranC-No Education						
NAME, ADDRESS AND TELEPHONE NUMBER OF:						
1) Guardian						
2)	2) Spouse					
3) Next of Kin						
4) Significant Other Persons						
	DATE	CICNA	TURE OF APPLICANT			
Drintos						
Printed or Typed Name of Applicant						
Relationship to Proposed Patient						
Applicant's Address						
Applicant's Telephone						
SUBS	CRIBED AND SWORN to before me the	nis	_day of, 20	ī		
	Notary Public					
My Commission Expires:						