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:

         ☐ A danger to self;   ☐ A danger to others;

         ☐ Gravely disabled;   ☐ 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:

_____