

3. The conclusion that the person is dangerous or disabled is based on the following facts: _____

PERSONAL DATA OF PROPOSED PATIENT:

Age _____ Date of Birth _____ Sex _____ Race _____
Weight _____ Height _____ Hair Color _____ Eye Color _____
Marital Status _____ Number of Children _____ Social Security No. _____
Religion _____ Distinguishing marks _____
Occupation _____ Present Location _____
Dates and Places of Previous Hospitalization _____
How Long in Arizona _____ State Last From _____
Veteran? _____ C-No. _____
Education _____

NAME, ADDRESS AND TELEPHONE NUMBER OF:

- 1) Guardian _____
- 2) Spouse _____
- 3) Next of Kin _____
- 4) Significant Other Persons _____

DATE

SIGNATURE OF APPLICANT

Printed or Typed Name of Applicant _____
Relationship to Proposed Patient _____
Applicant's Address _____
Applicant's Telephone _____

SUBSCRIBED AND SWORN to before me this ____ day of _____, 2011.

Notary Public

My Commission Expires:
