## APPLICATION FOR INVOLUNTARY EVALUATION (Pursuant to A.R.S. § 36-520)

SIA	TE OF ARIZONA	)			
COU	JNTY OF YAVAPAI	) ss. )			
То Р	Polara Health 3345 North	Windsong Drive	e, Prescott Valley, AZ 863	14:	
1. 2.	The undersigned applicant requests that the above agency conduct a pre-petition screening of the person named herein.  The undersigned applicant alleges that there is now in the County a person whose name and address are:				
	(Name)		(Address)		
	that s/he believes that the perder, is:	erson has a menta	al disorder and as a result of	said mental	
	a danger to self		a danger to others		
	gravely disabled		persistently or acutely of	lisabled	
and i unwi	is: illing to undergo voluntary	evaluation, as ev	idenced by the following fa	cts:	
	le to undergo voluntary eva	•	•		
and v	who is believed to be in nee	ed of supervision,	care, and treatment becaus	e of the following	
2. Tł	ne conclusion that the perso	n has a mental di	sorder is based on the follo	wing facts:	

3. The conclusion that the person is dangerous or disabled is based on the following facts:					
PERSONAL DATA OF PROPOSI	FD PATIENT:				
Weight Height Hair Colo	or Eve Color				
Marital Status Number of Chile	dren Social Security No.				
ReligionDistinguishing marks					
Occupation Present Location					
Dates and Places of Previous Hospita	alization				
How Long in Arizona State Last From					
Veteran? C-No					
Education					
NAME, ADDRESS AND TELEPHO					
1) Guardian					
2) Spouse					
3) NCAL OI KIII					
4) Significant Other Persons					
DATE	CICNIA TUDE OF A DDI ICANIT				
DATE	SIGNATURE OF APPLICANT				
Printed or Typed Name of Applicant					
Relationship to Proposed Patient					
Applicant's Address					
Applicant's Telephone					
SUBSCRIBED AND SWORN to be:	fore me this day of, 2011.				
	<u> </u>				
Notary Public					
My Commission Expires:					