

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

STATE OF ARIZONA)
) ss.
COUNTY OF YAVAPAI)

To Polara Health 8655 E Eastridge Rd. or 3343 N. Windsong Dr. Prescott Valley AZ 86314

1. The undersigned applicant requests that the above agency conduct a pre-petition screening of the person named herein.
2. 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

_____ gravely disabled

_____ persistently or acutely disabled

and is:

unwilling to undergo voluntary evaluation, as evidenced by the following facts: _____

unable to undergo voluntary evaluation, as demonstrated by the following facts: _____

and who is believed to be in need of supervision, care, and treatment because of the following facts: _____

2. The conclusion that the person has a mental disorder is based on the following facts: _____

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 _____, 2023.

Notary Public

My Commission Expires:
