

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF YAVAPAI

In the Matter of _____) _____ 1300MH
)
)
) APPLICATION FOR
) EMERGENCY ADMISSION
) FOR EVALUATION
 Re: Mental Health Services)
 _____) (Pursuant to A.R.S. § 36-524)

STATE OF ARIZONA)
) ss
 COUNTY OF YAVAPAI)

The undersigned applicant, being first duly sworn/affirmed, hereby requests the CSU at 8655 E Eastridge Rd. Prescott Valley, AZ 86314 or Connections at 1200 Prescott Lakes Parkway Bldg B Prescott AZ or that The Healing Place 181 N Whipple St Prescott AZ 86303 admit the person named herein for evaluation.

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
 persistently or acutely disabled _gravely disabled

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.

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

The specific nature of the danger posed by this person is:

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 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 _____, 2025.

Notary Public

My Commission Expires:
