ADHS/DBHS FORM MH-100
APPLICATION FOR INVOLUNTARY EVALUATION
(Pursuant to A.R.S. § 36-520)

STATE OF ARIZONA)
)
COUNTY OF)

To the _____
(Regional or Screening Authority)

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: _____
_____
_____

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

4. 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 _____, 20___

_____
Notary Public

My Commission Expires:

_____