

**Exhibit C. Application for Emergency Admission for Evaluation**

**APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION**

**(Pursuant to A.R.S. § 36-524)**

STATE OF ARIZONA )

) ss

COUNTY OF \_\_\_\_\_ )

The undersigned applicant, being first duly sworn/affirmed, hereby requests that

(Evaluation Agency) 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; Gravely disabled; Persistently or acutely 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.

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

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

4. A summary of the personal observations upon which this statement is based is as follows:

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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: \_\_\_\_\_