



**AMPM POLICY 320-U, EXHIBIT 320-U-1,
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:

_____	_____
<i>NAME</i>	<i>ADDRESS</i>

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:



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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 YES NO 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__

My Commission Expires:

Notary Public