



REPORT REQUESTING EXTENSION OF TEMPORARY COMMITMENT

State Form 2090 (R2 / 9-06) / OGC 0047

STATE OF INDIANA)
)
COUNTY OF _____)
)
IN THE MATTER OF)
)
THE COMMITMENT OF)
)
_____)

SS: IN THE _____ COURT

CAUSE NUMBER: _____

_____ makes this Report recommending that the temporary commitment of
_____ be extended:

1. This patient's current temporary commitment expires on _____, 20_____. This Report is made:

- ☐ prior to the end of the initial period of temporary commitment, and a second temporary commitment is requested.
☐ at least twenty (20) days prior to the end of the current period of temporary commitment, and a regular commitment is requested.

2. The patient continues to be mentally ill, more specifically suffering from:

- ☐ a psychiatric disorder ☐ developmental disability (e.g. mental retardation) ☐ other _____
☐ alcoholism ☐ addiction to narcotics or dangerous drugs _____

which substantially disturbs the patient's thinking, feeling, or behavior and impair his/her ability to function.

3. The patient is ☐ dangerous or ☐ gravely disabled, and in need of continuing custody, care, or treatment in an appropriate facility:

- ☐ for an additional period not to exceed ninety (90) days, or
☐ for a period expected to exceed ninety (90) days.

4. The Treatment Team's findings are more particularly set forth in the attached Physician's Statement.

5. This patient has an attorney. ☐ Yes ☐ No If yes, the attorney's name and address are _____
_____.

Wherefore, it is requested that this Court set a time and place for a hearing which must be held prior to _____, 20_____.

Signature of applicant		Date (month, day, year)	Telephone number of applicant ()
Printed name	Position <input type="checkbox"/> Superintendent or Chief Officer <input type="checkbox"/> Designee of above <input type="checkbox"/> Attending physician		
Address (number and street, city, state, and ZIP code)			

This Report is not complete without a Physician's Statement attached.

A copy of this Report (including attachments) was given to the patient on _____, 20_____,
by _____.