



REPORT REQUESTING EXTENSION OF TEMPORARY COMMITMENT

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

STATE OF INDIANA) IN THE _____ COURT
)
COUNTY OF _____) SS: CAUSE NUMBER: _____
)
IN THE MATTER OF)
)
THE COMMITMENT OF)
)
_____)

_____ 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 _____.