REPORT REQUESTING TEMPORARY COMMITMENT OF VOLUNTARY PATIENT

State Form 2101 (R / 9-06) / OGC 0051

RESET FORM

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

SS:

IN THE _____ COURT

CAUSE NUMBER: _____

_____ initiates proceedings for temporary commitment by submitting this Report:

1. _____, Respondent, was in voluntary treatment at _____.

2. Respondent is ☐ male ☐ female.
   Respondent's date of birth is _____.
   Respondent's place of residence is _____.

3. It is proper to commence temporary commitment proceedings in this county because:
   ☐ Respondent is a resident of this county, or
   ☐ the facility is located in this county at _____.

4. On _____, 20_____ a written Request for Discharge was submitted
   ☐ by the patient or ☐ on the patient's behalf by _____.

5. There is probable cause to believe that the Respondent is 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 Respondent's thinking, feeling, or behavior, and impairs his/her ability to function. Specifically:
   _____
   _____
   _____
   _____

6. There is probable cause to believe that the Respondent is ☐ dangerous or ☐ gravely disabled,
   and requires continuing care or treatment in the facility, as more particularly set forth in the attached Physician's Statement.

7. The Respondent's address for service of process is _____.
   Other interested persons (including addresses): _____
   _____
   _____
   _____

Wherefore, it is requested that this Court set a time and place for a hearing on this Report.

Signature	Date (*month, day, year*)	Telephone number ( )
Printed name	Position ☐ Superintendent or Chief Officer ☐ Designee of above ☐ 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 Respondent on _____, 20_____,
by _____.