STAT	E OF INDIANA)	IN THE	COURT		
COU	NTY OF) SS:)	CAUSE NUMBER:			
IN TH	IE MATTER OF)				
THE	COMMITMENT OF))))				
		Petitioner, files this Petition for Involuntary Co	mmitment of			
Respo	ondent, and in support thereof, alleges and say	S:				
1. I a	m: □ a health officer □ a relative of the Respondent □ a police officer	□ a spouse of the Respondent□ a friend of the Respondent□ the guardian of the Respondent		ry in accordance with IC 35-36-2-4 or his designee, of the facility ent may be found		
	spondent is male female.					
Re	spondent's Social Security number is		·			
Re	spondent's place of residence is			·		
_	s proper to commence involuntary commitmen	t proceedings in this county because:				
	Respondent is a resident of this county, or					
	☐ Respondent can presently be found in this county at or ☐ Respondent was taken into your Petitioner's custody at					
Ц	Respondent was taken into your Petitioner's cus	lody at				
		elopmental disability (e.g. mental retardation iction to narcotics or dangerous drugs				
		Complete both 5 and 6 only if both are a	applicable.			
	elieve that the Respondent is dangerous in that /she will harm	t, as a result of the condition(s) specified in	Paragraph 4, the Responder	nt presents a substantial risk that		
a.	Describe in detail recent harmful acts or signif	cicant threats of harmful acts:				
b.	Specify time and place of occurrence of acts of	or threats:				

	C.	Indicate if the foregoing information is based on personal observation or report of a third party:			
	d.	Describe how the Respondent came to the Petitioner's attention and (if applicable) into the Petitioner's custody:			
	e.	List names, addresses, and telephone numbers of all witnesses by which the facts asserted may be proven:			
	f.	List names, addresses, telephone numbers, and relationships of significant family members, friends, or legal representatives:			
6.	6. I believe that the Respondent is gravely disabled in that, as a result of the condition(s) specified in Paragraph 4, the Respondent is in danger of coming to harm because of his/her inability to provide for food, clothing, shelter, or other essential human needs. List essential tasks which the Respondent does not perform independently				
	Th	e Respondent has family, friends, or other willing and able to assist in meeting those needs. Yes No If so, who?			
	_				
Wherefore, the Petitioner requests that the Court enter an order setting a time and place for a hearing on this Petition.					
Sig	gnat	ture of Petitioner Date (month, day, year)			
Ad	Address of Petitioner (number and street, city, state, and ZIP code)				
Się	gnat	ture of counsel for Petitioner (if applicable) Date (month, day, year) Telephone number			
Ad	ldre	ss of counsel (number and street, city, state, and ZIP code)			

This Petition is not complete without a Physician's Statement.