

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. 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:

The 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.

Signature of Petitioner	Date (month, day, year)
Address of Petitioner (number and street, city, state, and ZIP code)	

Signature of counsel for Petitioner (if applicable)	Date (month, day, year)	Telephone number ()
Address of counsel (number and street, city, state, and ZIP code)		

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