



APPLICATION FOR EMERGENCY DETENTION OF MENTALLY ILL & DANGEROUSLY OR GRAVELY DISABLED PERSON

State Form 52744 (9-06) / OGC 0030

INSTRUCTIONS: *Print clearly in black ink.*

Name of person to be detained	Sex	Age
Address (number and street, city, state, and ZIP code)		
Place where person can be found now		
Other identifying data		

Applicant believes the person named above is suffering from the following condition(s), which substantially disturbs the person's thinking, feeling, or behavior and impairs his/her ability to function:

a psychiatric disorder
 developmental disability (e.g. mental retardation)

alcoholism
 addiction to narcotics or dangerous drugs

other _____

Applicant believes that the person named above is mentally ill and either:

- gravely disabled or dangerous
- to self to others

Explain

Applicant believes that the person named above is in need of immediate restraint, and further believes that if the above named person is not restrained immediately, the person will:

The applicant requests the Court to order the person's emergency admission to _____
Name of hospital or center

Signature of applicant	Time	Date (month, day, year)	Telephone number ()
Printed name of applicant	Status of applicant <input type="checkbox"/> Health officer <input type="checkbox"/> Police officer <input type="checkbox"/> Other _____		
Address (number and street, city, state, and ZIP code)			

This Application is not complete without a Physician's Statement. If your private physician is not available or is not experienced in mental health matters, contact your community mental health center or a hospital emergency room.