

STATE OF SOUTH DAKOTA)
:SS

THE _____ COUNTY

COUNTY OF _____)

BOARD OF MENTAL ILLNESS

IN THE MATTER OF

**PETITION FOR
EMERGENCY COMMITMENT**

STATE OF SOUTH DAKOTA)
:SS

COUNTY OF _____)

I, _____, being first duly sworn on oath, depose and state the following:

1. I believe, on the basis of my personal knowledge, that _____, is severely mentally ill and, as a result of such illness, is a danger to self or others and in need of immediate intervention.

2. The specific nature of the danger is _____

3. I believe such danger exists because of the following information:

4. The above person came to my attention based on these facts: _____

5. Petitioner's interest in this case is a CIRCLE ONE (Police Officer) (Doctor)
(Counselor) (Witness) (Family Member) (Other)

6. Information as to the above person to be evaluated is as follows:

Address _____

County of Residence _____ Age _____

Marital Status _____ Occupation _____

Name of nearest relative (or guardian) _____

Address of nearest relative (or guardian) _____

7. I have read the foregoing Petition and know the contents of it, and the facts set forth above are true to the best of my knowledge, information and belief.

WHEREFORE, Petitioner prays that this matter be brought on for hearing pursuant to the terms of SDCL 27A-10 and the South Dakota emergency commitment procedures.

Petitioner

Address of Petitioner

Subscribed and sworn to before me

This _____ day of _____, 20_____.

Notary Public, South Dakota

My Commission Expires _____