STATE OF SOUTH DAKOTA) :SS	THE	COUNTY
COUNTY OF	_)	BOARD OF	MENTAL ILLNESS
IN THE MATTER OF			
		_ PET	CITION FOR
		EMERGEN	CY COMMITMENT
		O	F MINOR
I.		, being first duly sworn on	oath, depose and state
the following:		,	,,
_	of my pe	ersonal knowledge, that	
, a mi			
self or others and in need of imm			source, is a cameger to
		er is	
2. The specific nature of	the dails	Of 15	
		cause of the following informat	
		Ç	
4. The above person came	e to my a	attention based on these facts:	

5. Petitioner's	interest in this case	is as a (CIRCLE ONE): (Police Officer) (Doctor)
(Counselor) (Witness)	(Family Member) ((Other)
	-	son to be evaluated is as follows:
		Age/DOB:
-		arest relative:
Address of minor's par	_	nearest relative:
		ian, or nearest relative:
penalty of perjury, und correct. WHEREFORE	ler the laws of the s	on and know the contents of it. I swear or affirm, under state of South Dakota, that the foregoing is true and that this matter be brought on for hearing pursuant to the akota emergency commitment procedures.
		, 20, the county of,
in the state of South D	akota.	
		Petitioner's Signature
		Address of Petitioner
		Telephone Number of Petitioner