

STATE OF SOUTH DAKOTA )  
  :SS  
COUNTY OF \_\_\_\_\_)

THE \_\_\_\_\_ COUNTY  
BOARD OF MENTAL ILLNESS

IN THE MATTER OF  
\_\_\_\_\_  
\_\_\_\_\_

**PETITION FOR  
EMERGENCY COMMITMENT**

I, \_\_\_\_\_ (please print clearly), under penalty of perjury, state the following:

1. I believe, on the basis of personal knowledge, that \_\_\_\_\_  
\_\_\_\_\_ is, as a result of a severe mental illness, a danger to self or others or has a chronic disability and in such condition that immediate intervention is necessary.
2. The specific nature of the danger is

3. In summary, I believe such danger exists based on the following information:

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

5. Petitioner's interest in this case is as a [select one]

Police officer

Doctor

Counselor

Witness

Family member

Other [please describe specific relationship]:

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

Address: \_\_\_\_\_

County of residence: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Veteran: [ Yes  No]

Name of nearest relative(s) (or guardian): \_\_\_\_\_

Address of nearest relative(s) (or guardian): \_\_\_\_\_

Phone contact number for nearest relative(s) (or guardian): \_\_\_\_\_

7. Supplemental information as to the above person to be evaluated:

(a) Do you have any information that the above person has a “chronic disability,” as defined in the Chronic Disability Information **Exhibit A**? [ **Yes**  **No**]

If “Yes,” please submit Chronic Disability Information Exhibit A, which shall be incorporated into this Petition by this reference.

(b) Are there any persons not listed above, with knowledge of the above person, whose information could be helpful in an evaluation of this person? [ **Yes**  **No**]

If “Yes,” please submit that **supplemental information** with this Petition.

8. I have read the foregoing Petition and know the contents of it. **I swear or affirm, under penalty of perjury, under the laws of the state of South Dakota that the foregoing is true and correct.**

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

Executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the county of \_\_\_\_\_, in the state of South Dakota.

\_\_\_\_\_  
Petitioner’s signature (**required**)

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Address of Petitioner (**required**)

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Telephone # of Petitioner (**required**)  
**[please use best contact number]**