

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF _____)

THE _____ COUNTY

BOARD

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 [circle 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 _____ (month), ____ (year), in the county of _____ (county name), in the state of South Dakota.

Petitioner's signature (**required**)

Address of Petitioner (**required**)

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