

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF _____)

THE _____ COUNTY
BOARD OF MENTAL ILLNESS

IN THE MATTER OF

**PETITION FOR
EMERGENCY COMMITMENT
UNDER SDCL 27A-8-10.1**

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

2. _____ is a voluntary patient who has given the facility a written notice of intention to terminate inpatient treatment, on the _____ day of _____, _____ (year), at _____ o'clock __.M. which notice has not been withdrawn. A mental illness hold was initiated at _____ o'clock __.M. on the _____, day of _____, _____ (year).

3. I believe, on the basis of my personal knowledge, that this patient requires emergency intervention under the commitment criteria in § 27A-1-2—that is, (1) the patient has a severe mental illness; (2) due to the severe mental illness, the patient is a danger to self or others or has a chronic disability; (3) the patient needs and is likely to benefit from treatment—and should remain in the facility.

4. The specific nature of the danger is _____

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

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

7. Petitioner's interest in this case is as a [circle one] (a facility director) (HSC administrator) (attending psychiatrist) (delegated staff member of HSC or a facility)

8. 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): _____

9. 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.

10. 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.

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

Petitioner's signature (required)

Address of Petitioner (required)