

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 follow information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The above person came to by attention based on these facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Petitioner interest in this case is a \_\_\_\_\_  
\_\_\_\_\_

6. Information as to the above person to be evaluated is as follows:  
Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name of nearest relative (or guardian): \_\_\_\_\_  
Address of nearest relative (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  
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\_\_\_

8. If "Yes," please submit **supplemental information** with this Petition. 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 South Dakota that the foregoing is true and correct.

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.

Executed on this \_\_\_day \_\_\_\_\_ (month), 20\_\_\_, in the county of \_\_\_\_\_ (county name), in the state of South Dakota.

\_\_\_\_\_  
Petitioner Signature (required)

\_\_\_\_\_  
Address of Petitioner (required)

\_\_\_\_\_  
Telephone Number of Petitioner(required)