

**In the District Court of _____ County,
State of Utah**

In the Matter of:

**Application for Order of
Involuntary Commitment**

Proposed Patient (Full Name)

(Social Security Number)

Case No: _____

County of: _____

_____, being first duly sworn upon oath, deposes and says:
Affiant

1. That _____ Date of Birth _____, now at: _____
Proposed Patient
is to the best knowledge and belief of the affiant, mentally ill and should be involuntarily
committed to: _____, pursuant to the provisions of Utah
Local Mental Health Authority

Code Annotated 62A-15-631 (2003).

Such belief is based upon the following facts, to wit: _____

2a.* That the said _____, has been examined by a licensed
Proposed patient
physician or examiner which is attached hereto and by this reference made a part hereof, or
2b.* That the said _____, has been requested to but has
Proposed patient
refused to submit to an examination of mental condition by a licensed physician or person
qualified as a designated examiner.

(*Strike either paragraph 2a or 2b)

Affiant

Relationship to Proposed Patient

Address

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the _____, _____, _____ at _____
Date Month, Year County

Printed Name

Signature

Names and addresses of those to be notified:

Parent(s) or Legal Guardian: _____

Address Phone
Adult Family Member(s) _____
Relationship to proposed patient

Address Phone
Legal Counsel _____

Address Phone
Other Person(s) _____
Relationship to proposed Patient

Address Phone

CERTIFICATE

Upon the application of _____, I, _____,
Affiant

a duly licensed physician in the State of Utah, a medical officer of the United States Government in the performance of my official duties, or a designated examiner duly appointed by the Division of Substance Abuse and Mental Health pursuant to UCA 62A-15-602 (2002), examined: _____, on the ____ day of _____, 20____,
Proposed Patient

which is within a seven day period immediately preceding this certificate, and certify that in my opinion the said proposed patient is mentally ill and should be involuntarily committed to _____.

Local Mental Health Authority

Dated this ____ day of _____, 20____.

Signature

Title

Address

Instructions: "Proceedings for involuntary commitment of an individual who is 18 years of age or older may be commenced by filing a written application with the district court of the county in which the proposed patient resides or is found, by a responsible person who has reason to know of the condition of the proposed patient which lead to the belief that the individual is mentally ill and should be involuntarily committed. That application shall be accompanied by: (a) a certificate of a licensed physician or a designated examiner stating that within a seven-day period immediately preceding the certification the physician or designated examiner has examined the individual, and that he is of the opinion that the individual is mentally ill and should be involuntarily committed; or (b) a written statement by the applicant that the individual has been requested to but has refused to submit to an examination of mental condition by a licensed physician or designated examiner. The application shall follow in accordance with 78B-18a-106 Form of unsworn declaration and shall state the facts upon which the application is based.