

**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:** \_\_\_\_\_

<b>Adult Family Member(s)</b> _____	Address _____ Phone _____
Relationship to proposed patient _____	

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

_____	Address _____ Phone _____
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**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 Office of Substance Use 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.