## APPLICATION FOR INVOLUNTARY EVALUATION (Pursuant to A.R.S. § 36-520)

To the  -ConnectionsAZ,Inc UPC  (Regional or Screening Authority)	
-ConnectionsAZ,Inc UPC	
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(Regional or Screening Authority)	
1. The undersigned applicant requests that the above agency conduct a pre-pe	etition
screening of the person named herein.	
2. The undersigned applicant alleges that there is now in the County a person	whose name
and address are:	
(Name) (Address)	
and that he/she believes that the person has a mental disorder and as a resu	lt of said
mental disorder, is:	
a danger to self; a danger to others;	
gravely disabled; persistently or acutely disabled	
and is:	
unwilling to undergo voluntary evaluation, as evidenced by the fol	lowing facts:
unable to undergo voluntary evaluation, as demonstrated by the fol	llowing facts:

	and who is believed to be in need of supervision, care and treatment because of the
	following facts:
3	The conclusion that the person has a mental disorder is based on the following facts:
4.	The conclusion that the person is dangerous or disabled is based on the following facts:
Ag	PERSONAL DATA OF PROPOSED PATIENT:  e Date of Birth Sex Race
Weig	ght Height Hair Color Eye Color
Mari	ital Status Number of Children
Soci	al Security Number Religion
Disti	inguishing Marks
Occı	apation
Pres	ent Location
Date	es and Places of Previous Hospitalization
How	Long in Arizona State Last From
Vete	ran C-No. Education

## NAME ADDRESS AND TELEPHONE NUMBER OF:

1)	Guardian	
2)	Spouse	
3)	Next of Kin	
4)	Significant Other Persons	
	DATE SIGNATURE OF APPLICANT	_
Prin	ted or Typed name of Applicant	
Rela	tionship to Proposed Patient	
App	licant's Address	
App	licant's Telephone_	
SU	UBSCRIBED AND SWORN to before me this day of, 20	
	Notary Public	_
My	Commission Expires:	