

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

MAGISTRATE DIVISION

In the Matter of the Hospitalization of _____

_____,
dob: _____
S.S. #: _____

Proposed Patient.

)
) **CV-HO** _____
)
) **APPLICATION FOR COMMITMENT**
) **OF THE MENTALLY ILL UNDER I.C.**
) **§ 66-326 and/or § 66-329.**
)
) *Police Hold, I.C. § 66-326; DR#* _____
) *Physician's Hold, I.C. § 66-326.*
) *Application for Commitment, I.C. § 66-329.*
) *Facility Director's Hold, I.C. §§ 66-320*
) *and 66-329.*

DATE: _____ **TIME:** _____ .m.

COMES NOW, _____, the applicant, and alleges the following:

1. The last known address of proposed patient is: _____

2. How long has the proposed patient resided at that address? _____

3. The name and address of the proposed patient's spouse, guardian, or adult next-of kin (if applicable): _____

Telephone: _____.

4. The name and address of the proposed patient's closest friend if the proposed patient's spouse, guardian or adult next-of-kin is unknown: _____

Telephone: _____.

5. The proposed patient *can* or *cannot* be cared for privately in the event involuntary commitment is not ordered.

6. (*This Question does not apply to a Police Hold.*) At the time of preparing this application, the proposed patient *is* or *is not* a voluntary patient admitted into a facility in accordance with the procedure outlined in I. C. § 66-318. (*If you answered that the patient is a voluntary patient admitted into a facility, then please answer the next question. Otherwise, you may skip to No. 7.*) If the proposed patient *is* a voluntary patient in a facility, the proposed patient, individual or guardian who applied for his/her admission *has* or *has not* applied for release from the facility pursuant to I. C. § 66-320.

7. That your applicant believes the proposed patient is mentally ill and *is likely to injure him/her self*, or *is likely to injure others*, or *is gravely disabled due to mental illness* based on the following information: _____

8. The proposed patient *has* or *does not have* any past history of mental illness.

9. Describe any change(s) in physical health since the problem arose: _____

10. Describe proposed patient's history of alcohol and/or drugs use, if any: _____

11. The proposed patient *does* or *does not* have pending charges and *does* or *does not* need to be returned to the Ada County Jail upon his/her release from treatment
(If applicable, see attached booking sheet.)

12. The proposed patient *does not require* an interpreter or *does require* a(n)
_____ language interpreter.

13. The proposed patient has the following resources with which to pay for treatment: _____

WHEREFORE, the applicant prays that this Court will order the proposed patient to be involuntarily detained for mental evaluation and subject to further judicial proceedings pursuant to I.C. §§ 66-326 and/or 66-329, including commitment of the proposed patient to Idaho Department of Health and Welfare for observation, care, and treatment for indeterminate period of time not to exceed one (1) year.

DATED this ____ day of _____, _____.

Applicant

Address

Phone/Relationship to Proposed Patient

~Law Enforcement and/or Physician signatures need not be notarized. ~

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

Notary Public
Commission Expires _____