

STATE OF SOUTH DAKOTA )  
 )  
 ) :SS  
 )  
COUNTY OF \_\_\_\_\_ )

THE \_\_\_\_\_ COUNTY  
BOARD OF MENTAL ILLNESS

IN THE MATTER OF  
\_\_\_\_\_  
\_\_\_\_\_

**PETITION FOR THE  
EMERGENCY COMMITMENT  
OF A MINOR**

I, \_\_\_\_\_ (please print clearly),  
under penalty of perjury, state the following:

1. On the basis of my personal knowledge, \_\_\_\_\_,  
a minor, as a result of a serious emotional disturbance, 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 following  
information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The above minor came to my attention based on these  
facts: \_\_\_\_\_  
\_\_\_\_\_

5. Petitioner's interest in this case is as a [circle one]  
(police officer) (doctor) (counselor) (witness) (family member)  
(other) \_\_\_\_\_

6. Information as to the above person to be evaluated is as follows:

Address \_\_\_\_\_

County of residence: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of nearest parent, relative (or guardian): \_\_\_\_\_

\_\_\_\_\_  
Address of nearest relative (or guardian): \_\_\_\_\_

\_\_\_\_\_  
Phone contact number for nearest relative(s) (or guardian)

\_\_\_\_\_  
7. 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 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 of \_\_\_\_\_ (month), 2013, in the county of \_\_\_\_\_ (county name), in the state of South Dakota.

\_\_\_\_\_  
Petitioner's signature (**required**)

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Telephone# of Petitioner (**required**)  
[please use best contact number]