

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

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

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

**PETITION FOR  
EMERGENCY COMMITMENT  
BY QMHP**

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

1. I believe, on the basis of personal knowledge, that \_\_\_\_\_ is, as a result of a severe mental illness, a danger to self or others or has a chronic disability and in such condition that immediate intervention is necessary.

2. The specific nature of the danger is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I believe such danger exists because of the following information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The above person presented to a hospital licensed by the State of South Dakota and came to my attention based on these facts: \_\_\_\_\_  
\_\_\_\_\_

5. Petitioner is a qualified mental health professional (QMHP), as defined by SDCL § 27A-1-3, and meeting all state requirements for engaging in the private practice of their profession, unless exempt by statute.

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

Address \_\_\_\_\_

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

Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Veteran: [ Yes  No]

Name of nearest relative(s) (or guardian): \_\_\_\_\_

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

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

7. I initiated a mental illness hold on this person in \_\_\_\_\_ hospital at \_\_\_\_ o'clock \_\_.M. on this \_\_\_\_ day of \_\_\_\_\_, 2012.

8. Supplemental information as to the above person to be evaluated:

(a) Do you have any information that the above person has a "chronic disability," as defined in the Chronic Disability Information Exhibit A? [ Yes  No]

If "Yes," please submit Chronic Disability Information Exhibit A, which shall be incorporated into this Petition by this reference.

(b) Are there any persons not listed above, with knowledge of the above person, whose information could be helpful in an evaluation of this person? [ Yes  No]

If "Yes," please submit that supplemental information with this Petition.

9. 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 asks 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), 2012, in the county of \_\_\_\_\_ (county name), in the state of South Dakota.

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

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

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