STATE OF SOUTH DAKOTA) IN CIRCUIT COURT
COUNTY OF)) **********************************
In the Matter of,) VERIFIED PETITION FOR) INVOLUNTARY COMMITMENT)
An Alleged Alcoholic or Drug Abuser)))) **************
, becourt as follows:	eing duly sworn, on oath informs and petitions the
I am eighteen (18) years of age or old	der and wholly competent.
I live and reside at Dakota, and am a abuser.	County, South (state relationship) to the alleged alcoholic or drug
I believelacks self-control as to the use of alcoholic b	is an alcoholic or drug abuser who habitually beverages or drugs.
That he/she has threatened, attempte another and that unless committed is likely t	d, or inflected physical harm on his/herself or on to inflect harm on him/herself or another;
The he/she is incapacitated by the ef	fects of alcohol or drugs.
That the facts and circumstances whi	ich form the basis for my belief are as follows:

That a licensed physician and certified	chemical dependency	y counselor's certificates are
attached to this verified petition; or		
That the alleged alcoholic or drug abuse or an alcoholic/drug evaluation. (Initial the con		mit to a medical examination
I request the Court set an early date for given; that upon hearing be committed to the custody of abuse pursuant to SDCL 34-20A-70.	, the alle	ged alcoholic or drug abuser,
Dated this,,	at	, South Dakota
	Petitioner	
Subscribed and sworn to before me this day of,		
My commission expires		