STATE OF SOUTH DAKOTA IN CIRCUIT COURT

COUNTY OF_____ _____JUDICIAL CIRCUIT

IN THE MATTER OF _____, An Alleged Alcoholic or Drug Abuser	**VERIFIED PETITION FOR INVOLUNTARY COMMITMENT**

_____, being duly sworn, on oath informs and petitions the court as follows:

I am eighteen (18) years of age or older and wholly competent.

I lived and resided at_____ , _____County, Sout Dakota, and am_____ (state relationship) to the alleged alcoholic drug or abuser.

I believe _____ , is an alcoholic or drug abuser who habitually lacks self-control as to the use of alcoholic beverages or drugs.

That he/she has threatened, attempted, or inflected physical harm on his/herself or on another and that unless committed is likely to inflect harm on him/herself or another;

That he/she is incapacitated by the effects of alcohol or drugs.

That the fact and circumstances which form the basis for my belief are as follows:

_____

_____

_____

_____

_____

_____

_____

(Initial one of the following)

_____ That a licenses physician and certified chemical dependency counselor's certificates are attached to this verified petition; or

_____ That the alleged alcoholic or drug abuser has refused to submit to a medical examination or an alcoholic/drug evaluation.

I request the Court set an early date for hearing on this petition, and direct the notice to be given; that upon hearing _____, the alleged alcoholic or drug abuser, be committed to the custody of _____ , for treatment of alcoholism or drug abuse pursuant to SDCL 34-20A-70.

Dated this_____day of _____, _____ at_____ , South Dakota.

_____
Petitioner

The applicant has appeared before me on the _____day of _____ , 20_____, and has stated under oath that the above-information is true to the best of his/her knowledge.

_____
Clerk of Court
by

(Seal)

_____
Deputy

_____
County