STATE OF SOUTH DAKOTA IN CIRCUIT COURT

COUNTY OF_____ _____JUDICIAL CIRCUIT

IN THE MATTER OF _____, An Alleged Alcoholic or Drug Abuser	**APPLICATION FOR COURT APPOINTED COUNSEL TO ASSIST IN PETITION FOR INVOLUNTARY COMMITMENT**

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

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

I reside at _____ , _____County, South Dakota and is_____ (state relationship) to the above-captioned person.

I believe the above-captioned person is in alcoholic or drug abuser in need of treatment who habitually lacks self-control as to the use of alcoholic beverages or other drugs that he/she

1) Has threatened, attempted, or inflected physical harm on him/herself or on another and that unless committed is likely to inflict harm on him/herself or another; or
2) Is incapacitated by the effects of alcohol or drugs.

I request that the court appoint an attorney to represent me and perform the functions of counsel as specified in SDCL 34-20-70 and SDCL 34-20A-70.1.

I understand that even though the court appoints counsel for this matter, the county shall be reimbursed for such expense by me, if I am a family member and financially able to do so.

Dated this_____day of _____, _____ at_____ , South Dakota.

_____
Applicant

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