

STATE OF SOUTH DAKOTA )

IN CIRCUIT COURT

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ JUDICIAL CIRCUIT

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In the Matter of )

APPLICATION FOR COURT-  
APPOINTED COUNSEL TO  
ASSIST IN PETITION FOR  
INVOLUNTARY COMMITMENT

\_\_\_\_\_ )

An Alleged Alcoholic or Drug Abuser )

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\_\_\_\_\_, 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 an 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 inflicted 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

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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.

(SEAL)

\_\_\_\_\_  
Clerk of Court  
by

\_\_\_\_\_  
Deputy

\_\_\_\_\_  
County