STATE OF SOUTH DAKOTA IN CIRCUIT COURT

COUNTY OF_____ _____ JUDICIAL CIRCUIT

IN THE MATTER OF _____, An Alleged Alcoholic or Drug Abuser	**PROTECTIVE CUSTODY APPLICATION**

Application for Protective Custody of Intoxicated or Incapacitated Persons Pursuant to SDCL 34-20A-55

_____, applicant and petition, hereby states and represents as follows:

Name of person to be placed in protective custody:_____

Address of Person: _____

Age:_____ Sex: ☐ Male ☐ Female Race: _____

Birthdate:_____ Social Security Number: _____

Level of education completed:

Marital status: ☐ Single ☐ Married ☐ Married but separate
☐ Divorced ☐ Widow

Employment status: ☐ Employed and an employed by:_____
☐ Unemployed

I am requesting that the above-named person be taken into protective custody by law enforcement authorities pursuant to SDCL 34-20A-55.

I further represent that I have been in contact with _____, the alleged alcoholic or drug abuser on _____ (date), and this person

continues to suffer from alcohol and/or drug abuse and such abuse results in the following behavior: _____

_____

_____

_____

_____

_____

_____

_____

Dated this_____ day of _____, _____ at _____ , South Dakota.

_____
Applicant

_____
Address

_____
City, State, Zip Code

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