

**APPLICATION FOR WARRANT OF APPREHENSION (Section 35)**

When completing form Please Print: (use back of form if needed)

**Person Requesting Warrant:**

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Your Relationship to Subject: \_\_\_\_\_

**Please fill out the following information to the best of your knowledge. Please write "unknown" for any information you do not have.**

**Information about Subject:**

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Current Whereabouts: \_\_\_\_\_

Please list other members of subject's household, other family members, significant other's etc. (Please provide address and telephone #s where possible)

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

Please specify when and where you last had contact with the subject:

\_\_\_\_\_

**Present Risk of Harm to Subject or Other(s):** please specify how the subject is presenting as a current danger to him/herself or others due to substance use issues (Use back of form if needed:)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify the subject's current state of mind: (coherent, violent, depressed, suicidal etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To the best of your knowledge, please provide the subject's drug and alcohol history:**

How long has the subject been abusing drugs and/or alcohol? \_\_\_\_\_

Has the subject had any detox hospitalizations? Yes No If yes, how many? \_\_\_\_\_

Date and place of the subject's most recent detox hospitalization:

**Mental Health History:**

Does the subject have any mental health diagnosis? Yes No If yes, please specify:

Current diagnosis: \_\_\_\_\_ Current medications: \_\_\_\_\_

Name(s) of current treatment provider(s) \_\_\_\_\_ Phone: \_\_\_\_\_

Has the subject ever been hospitalized for any mental health concerns? Yes No If yes, please specify:

Date and place of the subject's most recent hospitalization:

Please specify any history of suicidal threats or attempts:

**Medical History:**

Please specify any medical issues: \_\_\_\_\_

Please list any medications for medical issues:

Please list Primary Care Doctor

Phone: \_\_\_\_\_

**Other:**

Does the subject have medical insurance? Yes No

If yes please specify plan and policy # \_\_\_\_\_

Is the subject employed? Yes No If yes, please specify:

If no, please specify last time subject worked:

Please specify the subject's highest level of education completed:

Please specify any history of threatening or assaultive behavior toward others:

Please specify any known legal issues:

Signed under pains and penalties of perjury: \_\_\_\_\_

Date: \_\_\_\_\_