

**APPLICATION FOR WARRANT OF APPREHENSION (Section 12)**

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:

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**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 mental health issues (Use back of form if needed:))

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

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**Mental Health History:**

Does the subject have a 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:

Has the subject ever required any other type of mental health treatment / intervention? (ie: outpatient counseling, emergency room visit) Yes No If yes, please specify:

**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 known legal issues:

Does the subject also have a drug and/or alcohol problem: Yes No

(If yes, please complete the following)

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

Please specify type of substance(s) or alcohol subject is currently using:

Please specify how you know this:

No 9 If yes, how many? \_\_\_\_\_

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

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

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