Name of Party seeking Application

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI`I

IN THE INTEREST OF	)	2FFM _____
	)	
	)	**APPLICATION FOR EMERGENCY EXAMINATION AND TREATMENT**
	)	
	)	
	)	
	)	
RESPONDENT-SUBJECT	)	

SUBJECT'S INFORMATION:

_____
(NAME)

_____

_____ _____
(CURRENT ADDRESS) *(PHONE NO)*

_____

_____ _____
(PERMANENT ADDRESS) *(PHONE NO)*

_____ ____ _____
(BIRTHDATE OR AGE) (*SEX)* (*MARITAL STATUS)*

If subject is a minor, parent's or guardian's or custodian's

Name: _____

Address: _____ Phone No: _____

_____ _____

Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation: Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

Subject's Spouse, Relative or Friend, other than applicant:

Name: _____

Address: _____ Phone No: _____

_____ _____

Pursuant to HRS Chapter 334, the undersigned applies for emergency examination and treatment of the subject identified above and alleges as follows:

(1) That he/she is a:

[ ] licensed physician [ ] attorney

[ ] member of the clergy [ ] health or social service professional

[ ] state of county employee in the course of his/her employment

(2) That there is probable cause to believe the above-named person is:

[ ] mentally ill [ ] suffering from substance abuse,

and is imminently dangerous to:

[ ] self [ ] others

and is in need of care and/or treatment.

(3) That circumstances and reasons for his/her belief are alleged as follows or on the attached: *(Include date, time and place of activity, whether based on first-hand knowledge or information of another and names and addresses of witnesses, if any.)*

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The applicant asks the court to enter a written order directing any police officer or other suitable person to take the above-named subject into custody and deliver him to:

[ ] Queen's Medical Center and/or Hawai`i State Hospital

[ ] Maui Memorial Medical Center Emergency Room for emergency examination and treatment.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ALLEGATIONS MADE HEREIN ARE TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO MATTERS STATED UPON INFORMATION AND BELIEF WHICH I BELIEVE ARE TRUE ALSO.

_____
(Date)

_____
(Applicant's Signature)

_____
(Applicant's Name)

_____
(Address)

_____
(City, State, ZipCode)

_____
(Phone No)

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