

# Petition for Judicial Commitment

Hospital/Facility

\_\_\_\_\_ Judicial District Court

\_\_\_\_\_ Parish

The petitioner, \_\_\_\_\_, Director of (Hospital/Facility) \_\_\_\_\_  
\_\_\_\_\_ in \_\_\_\_\_ Parish, represents that:

1. (Respondent) \_\_\_\_\_, currently admitted to (Hospital/Facility) \_\_\_\_\_  
\_\_\_\_\_ is in need of continued treatment.

2. (Respondent) \_\_\_\_\_  
has displayed the following behavior prior to admission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

which indicates that he/she is: \_\_\_\_\_ dangerous to self \_\_\_\_\_ dangerous to others or,  
\_\_\_\_\_ gravely disabled and unable to provide for his/her own basic physical needs.

3. The respondent, because of his/her condition, is unable or unwilling to continue treatment on a voluntary basis.

Wherefore, the petitioner requests that the court appoint a physician to examine (Respondent) \_\_\_\_\_  
and report to the court, that after due proceedings he/she be judicially committed to (Hospital/Facility) \_\_\_\_\_  
\_\_\_\_\_. A report from the treating physician and previous  
emergency certificates, if any, are attached hereto.

(Respondent) \_\_\_\_\_ is not represented by an attorney, wherefore, it is  
necessary that this court appoint an attorney to represent the respondent in these proceedings.

Petitioner: \_\_\_\_\_

Address: \_\_\_\_\_

City, Parish, State: \_\_\_\_\_

Please Serve: 1. Respondent: \_\_\_\_\_

Address: \_\_\_\_\_

City, Parish, State: \_\_\_\_\_

2. Counsel appointed to represent respondent

3. Attorney for Hospital/Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, Parish, State: \_\_\_\_\_