

Request to Send a Child or Minor to the Department of Mental Health

Case Number:

In the Juvenile Court of (county): _____ County, Alabama
In the matter of (name of the child/minor): _____

This form asks the court to send a person under 19 to the Department of Mental Health.

Requested by: _____ Agency (if applicable): _____

I declare that the following information about the child/minor is true:

1 Name: _____

2 Age: _____ years old. Birthdate: _____

3 Address now: _____

4 There is clear and convincing evidence that this child/minor is (check one):

mentally ill, and

- 1. Because of the child/minor's mental illness, there is a real danger that s/he may harm him/herself or others.
2. Proof of this danger includes (Describe what the child/minor did recently that suggests s/he may harm him/herself or others.):

- 3. Mental health treatment is available for this person.
4. This person must be confined to avoid harm to him/herself or others, such as (describe the harm s/he may do to him/herself or others.):
5. Confinement is the least restrictive available option to treat this person's mental illness.

mentally retarded, and

- 1. The person's mental retardation is not mild, as shown by the following:
2. If left in the community, this child/minor is likely to seriously harm him/herself or others, or
3. The only care, rehabilitation, and training options for this child/minor's are available at the Department of Mental Health.

5 I ask the court to:

- Find that the child/minor listed in 1 above is (check one): mentally ill mentally retarded, and
- Have that child/minor committed to the Department of Mental Health.

6 I swear that all of the information I provided above is complete and accurate.

Sign below in front of a notary:

Signature line and Date: _____

Notary fills out below—

Sworn to and subscribed before me, the undersigned authority,

By (Print name of notary): _____

On this date: _____

(Notary's seal here)

Notary signs here

Date notary's commission expires