

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: _____