

b. conduct and statements I have been informed that others have seen or heard: _____

by: _____
Name of witness Complete address Telephone no.

by: _____
Name of witness Complete address Telephone no.

9. The diagnoses of physical and mental condition are: _____

10. The treatment program(s) provided to the individual thus far, and the results, are: _____

11. The present treatment is is not adequate and appropriate to the individual's condition. The individual is is not motivated to participate in this treatment program. The estimate of time further treatment is required is _____
_____. The following modifications are currently planned for the next period of treatment (write "none" if continuation of previous treatment program(s) is (are) the only course of treatment):

12. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition except as follows:

13. Attached is a clinical certificate executed by a psychiatrist.

14. **I REQUEST** the court to order the individual to receive
- hospitalization for not more than 90 days.
 - continuing hospitalization for not more than one year.
 - combined hospitalization and alternative/assisted outpatient treatment for not more than one year.
 - alternative/assisted outpatient treatment for not more than one year.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Address

City, state, zip Telephone no.