

**Arizona Court Care Website – information for Arizonans on the involuntary treatment or “civil commitment” process**

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To: Presiding Superior Court Judges <PresidingJudges@courts.az.gov>; Superior Court Administrators <SuperiorCourtAdministrators2@courts.az.gov>; Superior Court Clerks <SuperiorCourtClerks@courts.az.gov>; Presiding Limited Jurisdiction Judges <PresidingLimitedJurisdictionJudges@courts.az.gov>; Limited Jurisdiction Court Administrators <LimitedJurisdictionCourtAdministrators@courts.az.gov>; Chief Clerks LJ Courts <ChiefClerksLJCourts@courts.az.gov>

Cc: Court Services <CourtServices2@courts.az.gov>



Supreme Court of Arizona  
Administrative Office of the Courts  
Court Services Division  
1501 West Washington, Suite 410  
Phoenix, AZ. 85007

**MEMORANDUM**

**To:** Superior Court Presiding Judges  
Superior Court Administrators  
Clerks of Superior Court  
Limited Jurisdiction Court Presiding Judges  
Limited Jurisdiction Court Administrators  
Clerks of Limited Jurisdiction Court

**CC:** Court Service Division

**From:** Marcus W. Reinkensmeyer, Court Services Director

**Date:** February 18, 2020

**RE:** Arizona Court Care Website – information for Arizonans on the involuntary treatment or “civil commitment” process

The Arizona Supreme Court Committee on Mental Health and the Justice System, established by [Administrative Order 2018-71](#), works to improve the administration of civil and criminal justice for persons with mental health conditions. The Committee is also charged with educating the public on court processes and resources available for individuals involved in the justice system who have behavioral health treatment needs.

Through a partnership with the Arizona Foundation for Legal Services (Bar Foundation), the Committee and the Arizona Supreme Court have developed a new website – AZ Court Care: [azcourtcare.org]azcourtcare.org – to convey information on the involuntary treatment or “civil commitment” process in Arizona.

The website includes basic information on:

- What to do in a crisis situation – including calling non-police crisis hotlines, when appropriate.
- Forms and other resources needed.
- The process in general that can apply to any Arizona county.
- A glossary and collection of acronyms.

The Arizona Administrative Office of the Courts strongly encourages Courts to add a link to AZ Court Care on their websites, furthering the judiciary’s leadership role in assisting Arizonans with mental health conditions and their families.

If you have any questions regarding this website, please contact Stacy Reinstein at [sreinstein@courts.az.gov](mailto:sreinstein@courts.az.gov).

Thank you,

**Marcus W. Reinkensmeyer**

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Phoenix, AZ 85007  
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**Wanda Roberson**

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AMPM POLICY 320-U, EXHIBIT 320-U-1,
APPLICATION FOR INVOLUNTARY EVALUATION
(PURSUANT TO A.R.S. §36-520)

STATE OF ARIZONA )
COUNTY OF \_\_\_\_\_ )
Select a County )

To the \_\_\_\_\_
REGIONAL OR SCREENING AUTHORITY

- 1. The undersigned applicant requests that the above agency conduct a pre-petition screening of the person named herein.
2. The undersigned applicant alleges that there is now in the County a person whose name and address are:

NAME ADDRESS

and that s/he believes that the person has a mental disorder and as a result of said mental disorder, is:

- A danger to self; A danger to others;
Gravely disabled; Persistently or acutely disabled

and is:

- Unwilling to undergo voluntary evaluation, as evidenced by the following facts:
Unable to undergo voluntary evaluation, as demonstrated by the following facts:

and who is believed to be in need of supervision, care, and treatment because of the following facts:

- 3. The conclusion that the person has a mental disorder is based on the following facts:
4. The conclusion that the person is dangerous or disabled is based on the following facts:



AMPM POLICY 320-U, EXHIBIT 320-U-1, APPLICATION FOR INVOLUNTARY EVALUATION (PURSUANT TO A.R.S. §36-520)

PERSONAL DATA OF PROPOSED PATIENT

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

Social Security No. \_\_\_\_\_ Religion \_\_\_\_\_

Distinguishing Marks \_\_\_\_\_

Occupation \_\_\_\_\_

Present Location \_\_\_\_\_

Dates and Places of Previous Hospitalization \_\_\_\_\_

How Long in Arizona \_\_\_\_\_ State Last From \_\_\_\_\_

Veteran  YES  NO C-No. \_\_\_\_\_ Education \_\_\_\_\_

NAME, ADDRESS AND TELEPHONE NUMBER OF:

1. Guardian \_\_\_\_\_

2. Spouse \_\_\_\_\_

3. Next of Kin \_\_\_\_\_

4. Significant Other Persons \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

Printed or Typed Name of Applicant \_\_\_\_\_

Relationship to Proposed Patient \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Telephone \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

My Commission Expires:

Notary Public \_\_\_\_\_



AMPM CHAPTER 300, COVERED SERVICES

AMPM POLICY 320-U, EXHIBIT 320-U-2

APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION (PURSUANT TO A.R.S. § 36-524)

STATE OF ARIZONA )
COUNTY OF \_\_\_\_\_ )
Select a County )

The undersigned applicant, being first duly sworn/affirmed, hereby requests that \_\_\_\_\_ admit the person named herein for evaluation. EVALUATION AGENCY

1. The undersigned applicant alleges that there is now in the County a person whose name and address are:

NAME ADDRESS

and that s/he believes that the person has a mental disorder and as a result of said mental disorder, is:

[ ] A danger to self; [ ] A danger to others;

and that, during the time necessary to complete pre-petition screening under A.R.S. §§ 36-520 and 36-521, the person is likely without immediate hospitalization to suffer serious physical harm or serious illness or is likely to inflict serious physical harm upon another person.

- 2. The conclusion that the person has a mental disorder is based on the following facts:
3. The specific nature of the danger posed by this person is:
4. A summary of the personal observations upon which this statement is based is as follows:



AMPM CHAPTER 300, COVERED SERVICES

AMPM POLICY 320-U, EXHIBIT 320-U-2

APPLICATION FOR EMERGENCY ADMISSION FOR EVALUATION (PURSUANT TO A.R.S. § 36-524)

PERSONAL DATA OF PROPOSED PATIENT

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

Social Security No. \_\_\_\_\_ Religion \_\_\_\_\_

Distinguishing Marks \_\_\_\_\_

Occupation \_\_\_\_\_

Present Location \_\_\_\_\_

Dates and Places of Previous Hospitalization \_\_\_\_\_

How Long in Arizona \_\_\_\_\_ State Last From \_\_\_\_\_

Veteran  Yes  No C-No. \_\_\_\_\_ Education \_\_\_\_\_

NAME, ADDRESS AND TELEPHONE NUMBER OF:

1. Guardian \_\_\_\_\_

2. Spouse \_\_\_\_\_

3. Next of Kin \_\_\_\_\_

4. Significant Other Persons \_\_\_\_\_

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF APPLICANT

Printed or Typed Name of Applicant \_\_\_\_\_

Relationship to Proposed Patient \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Telephone \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

My Commission Expires:

\_\_\_\_\_ Notary Public

Hospital/Outpatient Agency Files  
Petition Requesting Court Ordered  
Treatment

Court Denies Petition  
Requesting Court  
Ordered Treatment

Patient Released from  
Hospital if Previously  
Detained

Court Sets Hearing on  
Petition Requesting Court  
Ordered Treatment

Court Orders Patient's  
Detention (Initial or  
Continued)

Patient Remains in  
the Community

Hearing on Petition  
Requesting Court  
Ordered Treatment

Court Denies Petition  
Requesting Court  
Ordered Treatment

Patient Released from  
Hospital if Previously  
Detained

Court Grants Petition  
Requesting Court  
Ordered Treatment

Court Specifies Standards  
for and Terms of Court  
Ordered Treatment

Patient is Subject to Terms  
and Conditions of Court  
Ordered Treatment

Appeal or Special  
Action Filed

Appeal or Special  
Action Affirmed

Matter Reversed on  
Appeal or Special  
Action

Court Ordered  
Treatment is  
Terminated

Patient Has Right of  
Judicial Review Every 60  
Days to Show Changed  
Circumstances

Court Terminates  
Order for Treatment

Court Modifies  
Terms of Order  
for Treatment

Court Affirms  
Terms of Order  
for Treatment

Term of Court  
Ordered Treatment  
Approaches its End

Court Ordered Treatment  
Based on Grave Disability  
Subject to Annual  
Examination Review

Court Ordered Treatment  
Based on Danger to Self  
... or Others

Court Ordered Treatment  
Based on PAD Subject to  
Annual Examination Review

Court Ordered Treatment  
Based on Grave Disability  
is Renewed

Court Ordered  
Treatment Terminates

Court Ordered  
Treatment Based on  
PAD is Renewed

Court Ordered  
Treatment  
Terminated

