

THIRD PARTY STATEMENT		
I,	, the undersigned, state that on the km I observed (location) in vity or incident personally oberved):	day (name) at County,
or drug dependent to a degree that immed	onable belief that this person has a mental illness diate emergency action is necessary. ficer by the person upon whose statemtn the off	
Name:		
Print:		
Signature Address: City/State/7ip:		

IN RE: THE PROTECTIVE CUSTODY OF: