STATE OF WYOMING ) IN THE DISTRICT OF THE

COUNTY OF ) NINTH JUDICAL DISTRICT

IN THE INTEREST OF ) CIVIL ACTION NO.

 ) CERTIFICATE OF EXAMINER OR STATEMENT OF REFUSAL

CHECK ONE:

* I, , a duly authorized examiner under W.S. 1977 25-10-101, hereby certify that I have examined on for symptoms of mental illness. Said examination date is not more than fifteen (15) days prior to the date of application for involuntary hospitalization. A true copy of my findings and the proposed patient’s history is attached hereto and made part of this application by incorporation. As a result of my examination, it is my opinion that the proposed patient is mentally ill.

(Proposed Patient)

Dated this day of , 20 at M

EXAMINER’S SIGNATURE:

- OR -

* I, , applicant in the above entitled matter, hereby state that the proposed patient has refused to submit to an examination by an examiner authorized under W.S. 1977-25-10-101. It is the belief of the applicant that the proposed patient is a mentally ill person based on the following incidents (specify):

(Applicant)

Dated this day of , 20 at M

SIGNATURE: ADDRESS: