STATE OF WYOMING ) IN THE DISTRICT COURT OF THE

COUNTY OF ALBANY ) SECOND JUDICIAL DISTRICT

 )

IN THE INTEREST OF ) CIVIL ACTION NO.

 )

 ) CERTIFICATE OF EXAMINER OR

 ) STATEMENT OF REFUSAL TO BE

 ) FILED WITH APPLICATION FOR

 ) INVOLUNTARY HOSPITALIZATION

CHECK ONE

I, a duly authorized examiner under W.S. 1977

§25-10-109, hereby certify that I have examined

 (Proposed Patient)

on , 200 for symptoms of mental illness. Said examiner 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 the examination, it is my opinion that the proposed patient is mentally ill.

Dated this day of , 200 at m.

EXAMINER’S SIGNATURE: .

 - OR-

I, , applicant in the above entitled matter, hereby

 (Applicant)

state that the proposed patient has refused to submit to 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 the following incidents (specify):

Dated this day of , 2009 at m.

SIGNATURE: ADDRESS

NOTE:A copy of this form must be filed with the application for involuntary hospitalization (FORM 7-81)

FORM 8-81

Revised 01-2001