



6. (continued) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box)

a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future.

d. inability to understand need for treatment. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to understand the need for treatment, and continued behavior can reasonably be expected to result in significant physical harm to self or others.

8. I conclude the individual  is  is not a person requiring treatment.

9. (optional) I recommend  hospitalization  alternative treatment

as follows: \_\_\_\_\_  
\_\_\_\_\_

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time of signing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (physician, psychiatrist, etc.)

\_\_\_\_\_  
Print or type name and business telephone no.