

**EMERGENCY COMMITMENT APPLICATION**

TO THE ADMINISTRATOR IN CHARGE OF THE VETERANS ADMINISTRATION  
MEDICAL CENTER, FORT MEADE, SOUTH DAKOTA:

**OR**

TO THE ADMINISTRATOR IN CHARGE OF THE CITY/COUNTY ALCOHOL AND  
DRUG PROGRAMS:

NAME OF PERSON TO BE COMMITTED:

ADDRESS:

AGE:

SOCIAL SECURITY NUMBER:

LEVEL OF EDUCATION COMPLETED:

BIRTHDATE:

MARITAL STATUS:

EMPLOYMENT STATUS:

I request that the above-named person be committed to your approved treatment facility for emergency treatment on the basis that the following conditions have been met:

\_\_\_\_\_ Intoxicated person who has threatened, attempted or inflicted physical harm on himself or on another or is likely to inflict physical harm on himself or on another unless committed.

\_\_\_\_\_ Incapacitated by the effects of alcohol or drugs.

The facts supporting this application are as follows:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
(Insert Name of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Commission Exp. \_\_\_\_\_

(SEAL)

**ONCE COMPLETED, RETURN TO:  
BRUCE HUBBARD  
1010 Ballpark Rd # 6  
Sturgis, SD 57785  
(605) 347-2551**