

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am ☐ Petitioner  
☐ Petitioner's Attorney (Utah Bar #: \_\_\_\_\_)

**If you do not respond to this document within applicable time limits, judgment could be entered against you as requested.**

**Check your email.** You will receive information and documents at this email address.

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

In the matter of essential treatment for

\_\_\_\_\_  
Respondent

**Petition for Essential Treatment and Intervention**

(Utah Code 26B-5-503)

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

**1. Venue**

I am filing my petition with this court because respondent lives in this county or is present in this county.

**2. Information about respondent**

Legal name	
Date of birth (if known)	
Social security number (if known)	
Address and current location (if known)	

**3. Petitioner's relationship to respondent**

Respondent is my:

☐ spouse

☐ parent

☐ stepchild

☐ grandchild

☐ child

☐ sibling

4. **Guardian for respondent**

Respondent

☐ does not have a legal guardian

☐ has a legal guardian, and the guardian's name and address is (if known):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Court name

\_\_\_\_\_  
Case number

5. **Criteria for essential treatment and intervention**

Respondent is suffering from a substance use disorder that, if not treated, presents a serious harm to self or others (Explain. Include information about any previous evaluation or treatment.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent can reasonably benefit from the essential treatment (Explain.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent is unlikely to substantially benefit from a less-restrictive alternative treatment (Explain.):

---

---

---

6. **Essential treatment**

Respondent can receive essential treatment at the following local substance abuse authority or approved treatment facility or program (List at least one local substance abuse authority or approved treatment facility or program.):

---

---

7. ☐ **Proof of health insurance**

I am attaching proof of health insurance to provide for respondent's essential treatment.

8. The guarantor, identified below, agrees to pay all treatment costs beyond those covered by the respondent's health insurance policy for all treatment ordered for respondent in this proceeding.

9. I ask the court to schedule a hearing.

10. I ask the court to order the following two essential treatment examiners to examine respondent before the hearing date. (Utah Code 26B-5-501). I have tentatively scheduled the appointments as follows.

**Examination one**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Examiner's name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

**Examination two**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Examiner's name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

11. If the essential treatment examiners determine respondent meets the criteria for essential treatment, I ask the court order respondent to undergo essential treatment.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

_____	Signature ►	_____
Date	Printed Name	_____

### Financial guarantee

I \_\_\_\_\_ (name)  
agree to pay all treatment costs beyond those covered by the respondent's health insurance policy for all treatment ordered for respondent in this proceeding.

_____	Signature ►	_____
Date	Guarantor's Printed Name	_____