

Request for Judicial Review
IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

In the matter of:)
) **MH**
)
) **REQUEST FOR JUDICIAL REVIEW OF**
) **COURT ORDERED TREATMENT**
) **(Pursuant to A.R.S. §36-546)**
Re: Mental Health Services)

I request that a judicial review be set in my case. I was ordered by the court to undergo psychiatric treatment on _____, 20____, which is sixty or more days ago.

_____ I will obtain a lawyer.

_____ I will request the court to appoint a lawyer for me.

Name (Print or type)

Signature

This request was presented to _____ on
(Employee(s) of Mental Health Agency)
this date, _____, 20____.

Employee(s) of Mental Health Agency

The foregoing request was received by _____,
employee at Magellan _____ site, on
_____, 20____. Pursuant to A.R.S. §36-546 A.2., I am
transmitting this request to the Clerk of the Court on this date,
_____, 20____.

Office of the Medical Director of the
Mental Health Agency

SUBSCRIBED AND SWORN to before me this ____ day of
_____, 20__, by _____.

Notary Public

My commission expires:
