

# Assisted Outpatient Treatment

In the \_\_\_\_\_ District Court of \_\_\_\_\_ County,  
State of Utah

In the Matter of:

Application for Order for  
Assisted Outpatient  
Treatment

\_\_\_\_\_  
Proposed Patient (Full Name)

Case No: \_\_\_\_\_

\_\_\_\_\_  
(Social Security Number)

County of Residence: \_\_\_\_\_

\_\_\_\_\_, being first duly sworn upon oath, deposes and says:  
Affiant

1. That \_\_\_\_\_ Date of Birth \_\_\_\_\_, now at: \_\_\_\_\_  
Proposed Patient  
is to the best knowledge and belief of the affiant, mentally ill and should be court-ordered  
to Assisted Outpatient Treatment with: \_\_\_\_\_, pursuant to the provisions of Utah  
Local Mental Health Authority

Code Annotated 62A-15-630.5.

Such belief is based upon the following facts, to wit: \_\_\_\_\_

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

2a.\* That the said \_\_\_\_\_, has been examined by a licensed  
Proposed patient  
physician or examiner which is attached hereto and by this reference made a part hereof, or

2b.\* That the said \_\_\_\_\_, has been requested to but has  
Proposed patient  
refused to submit to an examination of mental condition by a licensed physician or person  
qualified as a designated examiner.

(\*Strike either paragraph 2a or 2b)

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Relationship to Proposed Patient

\_\_\_\_\_  
Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Officer Authorized to Administer Oath

**Names and addresses of those to be notified:**

**Parent(s) or Legal Guardian (adult ward):** \_\_\_\_\_

\_\_\_\_\_  
Address Phone  
**Adult Family Member(s)** \_\_\_\_\_  
Relationship to proposed patient

\_\_\_\_\_  
Address Phone  
**Legal Counsel** \_\_\_\_\_

\_\_\_\_\_  
Address Phone  
**Other Person(s)** \_\_\_\_\_  
Relationship to proposed Patient

\_\_\_\_\_  
Address Phone

**CERTIFICATE**

Upon the application of \_\_\_\_\_, I, \_\_\_\_\_,  
Affiant

a duly licensed physician in the State of Utah or a designated examiner duly appointed by the Division of Substance Abuse and Mental Health pursuant to UCA 62A-15-602 (2002), examined: \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Proposed Patient

which is within a seven day period immediately preceding this certificate, and certify that in my opinion the said proposed patient is mentally ill and should be court ordered to assisted outpatient treatment to \_\_\_\_\_.

Local Mental Health Authority

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

Instructions: Proceedings for an assisted outpatient treatment court order for an individual who is 18 years of age or older may be commenced by filing a written application with the district court of the county in which the proposed patient resides or is found, by a responsible person who has reason to know of the condition of the proposed patient which lead to the belief that the individual is mentally ill and should be placed on an AOT court order. That application shall be accompanied by: (a) a certificate of a licensed physician or a designated examiner stating that within a seven-day period immediately preceding the certification the physician or designated examiner has examined the individual, and that he is of the opinion that the individual is mentally ill and should be placed on an AOT court order; or (b) a written statement by the applicant that the individual has been requested to but has refused to submit to an examination of mental condition by a licensed physician or designated examiner. The application shall be sworn to under oath and shall state the facts upon which the application is based. UCA 62A-15-630.5 (2019)