# STATE OF UTAH
# APPLICATION FOR VOLUNTARY ADMISSION TO LOCAL MENTAL HEALTH AUTHORITY

TO THE DIRECTOR:

I,_____, residing at: _____,

County of:_____, State of Utah, Date of Birth_____*, hereby

apply for voluntary admission to_____.
Local Mental Health Authority

_____
Signature of Patient or Legal Guardian Date

_____
Witness Date

_____
Witness Date

INSTRUCTIONS: "A local mental health authority or its designee may admit to that authority, for observation, diagnosis, care, and treatment any individual who is mentally ill or has symptoms of mental illness and who, being 18 years of age or older, applies for voluntary admission." UCA 62A-15-625(1)(2002)

*Persons under the age of 18 may be committed to a local mental health authority only in accordance with the provisions set forth in UCA 62A-15-701.

**DSAMH Form 35-1, Revised 2012**