



7. This conclusion is based upon: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The minor will benefit from hospitalization as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. I **request** that the minor be determined suitable for hospitalization and ordered to continue hospitalization for not more than 60 days.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Title of petitioner

This petition is accompanied by one certificate executed by a child and adolescent psychiatrist and one certificate of a  
 physician.  
 licensed psychologist.