

Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Court of First Instance

Superior Municipal Court of _____

Person requesting remedy

In behalf of:

Person for whom remedy is sought

Ex parte

Case No. _____

Re: Law No. 408 of 2000, as amended,
Puerto Rico Mental Health Code of 2000

No information will be disclosed to third parties without the express authorization of the court. The information provided may be used as a reference or for statistical purposes.

CONFIDENTIAL PERSONAL INFORMATION FORM – MENTAL HEALTH

I. INFORMATION OF THE PERSON FOR WHOM A REMEDY IS SOUGHT

1. First and Last Names: _____
2. Physical Address: _____
3. Email: _____
4. Mobile Phone: (_____) _____ - _____
5. Home Phone or other number: (_____) _____ - _____
6. Age _____ I don't know
7. Sex:
 - Male Female Intersex Identifies as: _____
 - I don't know I rather not answer
8. Which of the following terms describes this person? (check all that apply):
 - Black or of African Descent White Indigenous Peoples Asian
 - Identifies as: _____ I don't know I rather not answer
9. With which of the following does the person identify? (check all that apply):
 - Puerto Rican American (USA) Dominican Colombian
 - Mexican Cuban Asian European
 - Identifies as: _____ I don't know I rather not answer
10. Does the person work? Yes No I don't know
11. With whom does the person live?
 - Alone With relatives (includes spouse, parents, children) In a residential home
 - With friends Other: _____ I don't know.
12. Do you know if the person has been diagnosed with a mental health disorder?
 - Yes. What is the diagnosis? _____ No I don't know
13. Do you know if the person has been diagnosed with an intellectual or developmental disability?
 - Yes. What is the diagnosis? _____
 - No I don't know
14. Does the person use drugs?
 - Yes. Which drugs? _____ No I don't know
15. Does the person consume alcohol? Yes No I don't know
16. Has the person ever tried to commit suicide? Yes No I don't know
17. Is the person a veteran? Yes No I don't know
18. Has the person been a victim of domestic violence? Yes No I don't know
19. Has the person been convicted or is currently being prosecuted for a crime?
 - Yes No I don't know

*Name of the Person
Requesting the Remedy*

*Signature of the Person
Requesting the Remedy*

*Date
(day/month/year)*