

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

Superior Municipal Court of _____

Person requesting a 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

**PETITION UNDER THE PUERTO RICO MENTAL HEALTH CODE
(LAW NO. 408 of 2000)**

Comes Now _____, of legal age,
(First and Last Names)

and of the following personal circumstances:

Physical Address: _____

Is the physical address the same as the mailing address?

Yes No (please provide mailing address):

Email: _____

Mobile Phone: (_____) _____ - _____

Home Phone or other number: (_____) _____ - _____

Relationship with the person for whom a remedy is sought:

- spouse or partner father mother son/daughter other relative
- healthcare worker (interdisciplinary or multidisciplinary team member, social worker, case manager, etc.)
- police officer owner of a long-term care facility or residential treatment center
- other: _____

If appearing as a healthcare professional, provide the following information:

Professional license number: _____

Name of the institution providing the services you represent: _____

Institution's Mailing Address: _____

Official Email Address: _____

Official Telephone: (_____) _____ - _____

If appearing as healthcare worker, police officer, or owner of a long-term care facility or residential treatment center, please provide the following information, if available to you:

Name of spouse, legal guardian or closest relative: _____

Address of contact person: _____

Telephone: (_____) _____ - _____

Case No. _____

STATEMENT UNDER PENALTY OF PERJURY

By filing this petition, I certify, under penalty of perjury, that I am the petitioner to this case, that my name and personal circumstances are as stated above, and that the information stated herein is true and correct to the best of my personal knowledge and belief, to which I attest.

This petition has not been filed because of an existing economic or litigious interest concerning this person, whether civil, criminal, administrative or otherwise, or for any reason other than to ensure the safety and well-being of the person for whom a remedy is sought or the safety and well-being others or of any property involved. I further state that I will appear in court to testify under oath on such facts at the hearing.

This _____ day of _____ .

Name of the person requesting a remedy *Signature of the person requesting a remedy*

The Judicial Branch of Puerto Rico offers reasonable accommodation so that persons with disabilities may have the same opportunity to participate in court proceedings or in its programs, services, and activities. If you or the person seeking relief needs an interpreter or reasonable accommodation, you may fill out the *Application for Interpreter Services, Reasonable Accommodation and Video Recording* (OAT 1948), available at the Offices of the Clerk of the Court, *Pro Se* Centers, and on the following E-Court webpage: <https://poderjudicial.pr/Documentos/formularios/OAT-1948-English-Version.pdf>.