

4. The foregoing alternative treatment program would would not be adequate to meet the respondent's treatment needs for the following reasons:
- A.
 - B.
 - C.
 - D.
5. The foregoing alternative treatment program would would not be sufficient to prevent harm or injuries the respondent may inflict on the respondent or others for the following reasons:
- A.
 - B.
 - C.
 - D.

Facility recommended for treatment:

This form completed by [printed name]: _____.

Dated this _____ day of _____ of _____.

X _____
Signature

List any and all individuals involved in the completion of this form:

X _____
Printed name

X _____
Signature

X _____
Printed name

X _____
Signature

X _____
Printed name

X _____
Signature

X _____
Printed name

X _____
Signature