

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

_____ Unit
(County)

In re: _____
(Proposed patient's name)

WITNESS STATEMENT OF FACTS

I, _____, personally observed the events and behaviors described below involving _____ on the date of _____.

This statement is made pursuant to 18 V.S.A. § 7505(a) and signed under the penalty of perjury.

Signature

Printed Name

Date

Address

Phone Number