

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