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. Is the physical address the same as the mailing address?
   ☐ Yes ☐ No (please provide mailing address): _____
   _____
4. Email: _____
5. Mobile Phone: (_____) _____ - _____
6. Home Phone or other number: (_____) _____ - _____
7. Age _____ ☐ I don't know
8. Sex:
   ☐ Male ☐ Female ☐ Intersex ☐ Identifies as: _____
   ☐ I don't know ☐ I rather not answer
9. 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
10. 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
11. Does the person work? ☐ Yes ☐ No ☐ I don't know
12. With whom does the person live?
    ☐ Alone ☐ With relatives (includes spouse, parents, children) ☐ In a residential home
    ☐ With friends ☐ Other: _____ ☐ I don't know.
13. Do you know if the person has been diagnosed with a mental health disorder?
    ☐ Yes. What is the diagnosis? _____ ☐ No ☐ I don't know
14. 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
15. Does the person use drugs?
    ☐ Yes. Which drugs? _____ ☐ No ☐ I don't know
16. Does the person consume alcohol? ☐ Yes ☐ No ☐ I don't know
17. Has the person ever tried to commit suicide? ☐ Yes ☐ No ☐ I don't know
18. Is the person a veteran? ☐ Yes ☐ No ☐ I don't know
19. Has the person been a victim of domestic violence? ☐ Yes ☐ No ☐ I don't know
20. 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)*