

APPLICATION FOR INVOLUNTARY EMERGENCY EXAMINATION AND TREATMENT

Mental Health Procedures Act of 1976 Section 302

(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION.)

NAME	Last	First	Middle	AGE	SEX
ADDRESS					
NAME OF COUNTY PROGRAM		NAME OF BSU		BSU NUMBER	
NAME OF FACILITY		ADMISSION DATE		ADMISSION NUMBER	

INSTRUCTIONS

1. Part I must be completed by the person who believes the patient is in need of treatment. If this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
2. If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
3. When the patient is taken to the examination facility, the rights described in Form MH 783-A must be explained. Part IV should be signed by the person who explains these rights to the patient.
4. Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
5. Part VI is to be completed by the examining physician.
6. If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
7. If the patient is subject to criminal proceedings/detention, briefly describe below.

IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN HE COMPLETES THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

Part I APPLICATION

I believe that _____
(PERSON'S NAME)

is severely mentally disabled: (Check and complete all applicable for this patient)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

(i) the person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

(ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

(iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior):

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that _____
(PERSON'S NAME)

is in need of involuntary examination and treatment. I request that: (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

- A. The County Administrator issues a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.

SIGNATURE OF APPLICANT _____
DATE

PRINT NAME AND ADDRESS OF APPLICANT _____
TELEPHONE NO.

- B. That this facility examine the patient to determine his/her need for treatment.

SIGNATURE OF PHYSICIAN, POLICE OFFICER
COUNTY ADMINISTRATOR, OR REPRESENTATIVE _____
DATE

PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER
COUNTY ADMINISTRATOR, OR REPRESENTATIVE _____
TELEPHONE NO.

ADDRESS

PART II
**Authorization for Transportation to an Approved Facility for Examination
Without a Warrant
(Under Section 302(a) (2))**

For use in emergency situations when the Administrator orally authorizes a responsible person to take a patient to a designated facility for examination without a warrant. When such authorization of a County Administrator or designee is obtained by telephone, the documentation below is required:

NAME OF PERSON REQUESTING AUTHORIZATION *DATE/TIME OF CALL/AUTHORIZATION*

REASON FOR ORAL AUTHORIZATION

NAME AND TITLE OF PERSON GIVING AUTHORIZATION

I swear or affirm that I personally obtained authorization for transporting the patient to

_____ from the above-named
(FACILITY)

Administrator or his/her representative and that I was advised that documentation of this telephone call is maintained in the Administrator's files.

NAME AND ADDRESS *RELATIONSHIP TO PATIENT*

Part III
WARRANT

(Check A or B)

A. Based upon representations made to me by _____
(NAME OF APPLICANT)

I hereby order that _____ shall be taken to
(NAME OF PERSON)

and examined at _____ and if required, shall
(NAME OF FACILITY)

be admitted to a facility designated for treatment for a period of time not to exceed 120 hours.

Name of facility designated for treatment if other than the facility conducting the examination:

SIGNATURE OF COUNTY ADMINISTRATOR, OR HIS/HER REPRESENTATIVE DATE

PRINT NAME OF COUNTY ADMINISTRATOR, OR HIS/HER REPRESENTATIVE

DENIAL OF WARRANT

B. The request of the petitioner for a warrant is denied:

SIGNATURE OF SIGNATURE OF COUNTY ADMINISTRATOR, OR REPRESENTATIVE DATE

Part IV
THE PATIENT'S RIGHTS

I affirm that when the patient arrived at _____
(NAME OF FACILITY)

I explained his rights to him/her. These rights are described in Form MH 783-A. I believe that he/she:

does understand these rights.

does not understand these rights.

SIGNATURE OF PERSON EXPLAINING RIGHTS DATE

PRINT NAME OF PERSON EXPLAINING RIGHTS

Part VI
PHYSICIAN'S EXAMINATION

I affirm that _____ arrived at this facility at _____
(PERSON'S NAME) (EXACT TIME)
and was examined by me at _____ .
(EXACT TIME)

RESULTS OF EXAMINATION

FINDINGS: (Describe your findings in detail. Use additional sheets if necessary).

TREATMENT NEEDED: (Describe the treatment needed by the patient. Continue on additional sheets if necessary).

In my opinion: (Check A or B)

- A. The patient is severely mentally disabled and in need of treatment. He should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.

- B. The patient is not in need of emergency involuntary treatment. He shall be returned to a place which he shall reasonably designate.

SIGNATURE OF EXAMINING PHYSICIAN DATE

PRINT NAME OF EXAMINING PHYSICIAN