

REQUEST FOR INVOLUNTARY MENTAL HEALTH COMMITMENT

1. Person Requesting Petition

Name: _____
Address: _____
Telephone: _____
Interest In Case: _____

2. Patient Information (fill in completely or indicate "not applicable")

Name: _____ Age: _____ DOB: _____
Permanent Residence Address: _____
City: _____ State: _____
Length of Time at that Residence: _____ Marital Status: _____ Sex: _____
Social Security # _____ Employment: _____
SSI: \$ _____ Medicaid: \$ _____ Disability: \$ _____ Other (Specify): _____
Insurance Provider _____ Policy No. _____

Nearest Relative(s)

Name: _____ Telephone: _____
Address: _____
Relationship to Patient: _____
Information/facts from Family/Relative(s) (attach separate pages if necessary): _____

3. Friend of the Respondent

Name: _____
Address: _____
Telephone/Cellular Number: _____

4. Professional Person for Second Hearing

Name: _____
Address: _____
Telephone/Cellular Number: _____

5. Admission/Examination/Diagnostic Information

A. Date Admitted to Emergency Room : _____
Date Admitted to Psychiatric Center: _____
Date Involuntary Detention Imposed: _____
Date Medically Cleared: _____

B. Why was the patient admitted? _____

C. List any potential witnesses to acts: _____

D. Patient's Past Mental Health Treatment History:

- Place(s) and Date(s) of Hospital Admissions: _____

- Attending Psychiatrist(s): _____

- Current and Past Medication(s): _____

- Comments: _____

E. Is the patient suffering from a "mental disorder" as defined by MCA § 53-21-102(9)(a), which provides: (9)(a) "Mental disorder" means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The term does not include: (a) addiction to drugs or alcohol; (b) drug or alcohol intoxication; (c) intellectual disability; or (d) epilepsy.

Yes No

F. Tentative Diagnosis:

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

G. Check each applicable situation which applies to the patient (MCA § 53-21-126(4)(a)-(d):

- Because of a mental disorder, the patient is substantially unable to provide for his/her own basic needs of food, clothing, shelter, health or safety.
- Because of a mental disorder, and through an act or omission, the patient has caused self-injury or injury to others.
- Because of a mental disorder, there is an imminent threat of injury to the patient or to others because of the patient's acts or omissions.

- H. An emergency situation exists and the person should be detained and treated pursuant to MCA § 53-21-129 (check all that apply):
- I am requesting emergency detention of the person because he/she has a mental disorder and is a danger to himself/herself and/or others.
 - I request the Sheriff of Custer County transport the person to _____ (Name of Facility) for emergency treatment and detention. I have checked with said facility and have been told they will admit the person.

I. **The Patient's Mental Disorder:**

- Has resulted in recent acts, omissions or behaviors that create difficulty in protecting the patient's life or health.
- Is treatable with a reasonable prospect of success.
- Has resulted in the patient's being unable to consent to voluntary admission for treatment. If untreated, the disorder will predictably result in deterioration of the patient's mental condition to the point at which the patient will become a danger to self or to others or will be unable to provide for his/her own basic needs of food, clothing, shelter, health or safety. (Predictability may be established by the patient's relevant medical history.)

J. Indicate the least restrictive placement for the patient at this time:

- Outpatient/Community-Based Treatment
- Local Group Home
- Other Specify _____

K. Indicate *available* bed placement for secure detention for the patient:

- Billings Hospital, Billings, MT
- Montana State Hospital, Warm Springs, MT
- Other Specify _____

The facts supporting the previously provided information are as follows (attach separate pages and/or additional documentation if necessary): _____

- I am requesting that the Custer County Attorney file a Petition for Involuntary Mental Health Commitment.

Date

Name of Person Requesting Commitment
and Relationship to Respondent

- I recommend to the Custer County Attorney that a Petition for Involuntary Mental Health Commitment be filed alleging the above-named patient is suffering from a mental disorder and requires commitment for no more than three months.

Date

Admitting Psychologist/ Mental Health Counselor

PLEASE NOTE: The testifying psychologist's/mental health counselor's report must be received by the County Attorney's Office no later than 2:00 p.m. on the day prior to the Evidentiary Hearing.

- I certify that an emergency situation requiring involuntary detention of the patient previously occurred. However, the patient is no longer in need of further involuntary detention. The disposition of the patient is as follows:

Date

Admitting/Attending Psychologist/Mental Health
Counselor