



**CERTIFICATE FOR EVALUATION**

3/25/09

**TO ANY PEACE OFFICER:**

I, \_\_\_\_\_, a licensed (physician, psychologist) certify that \_\_\_\_\_, as a result of a mental disorder, present a likelihood of

Name of Proposed Client  
serious harm to others or to self through grave passive neglect or other means. Immediate detention is necessary to prevent such harm. I am providing the following information to assist law enforcement in locating the proposed client and for the safety of the proposed client and law enforcement personnel.

**Physical Description and Location of Proposed Client:**

DOB/Age \_\_\_\_\_ SSN (if available) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Address or Current Location \_\_\_\_\_

Phone \_\_\_\_\_

Description of Proposed Client's Behaviors: (Include presence of weapons, history of violence, response to law enforcement)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have made arrangements for the proposed client to be evaluated at \_\_\_\_\_  
Name of evaluation facility

where I am professionally affiliated. This certificate constitutes authority for any peace officer to transport the proposed client to the above facility and expires 72 hours from the date and time signed. I understand that I will be contacted by law enforcement to verify and obtain other information.

Please contact my office if this certificate is not served in 72 hours. (Indicate by checking)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Name (Printed or Typed) \_\_\_\_\_ Organization \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

**TO THE PROPOSED CLIENT:**

You are being taken to a mental health evaluation facility. You will be evaluated by a mental health professional to determine if you need to be detained for further treatment. If reasonable grounds exist to detain you, the facility must file a petition within the next 5 days and hold a hearing within the next 7 days. At that time, a lawyer will be appointed to represent you. If you have any questions, please call Protection and Advocacy at 256-3100 or the District Attorney's office at 841-8325.

Copies: Original to the peace officer. One copy to the proposed client. One copy to the facility. One copy for the doctor's records.