

**EMERGENCY APPLICATION
FOR INVOLUNTARY COMMITMENT WITHOUT CERTIFICATION
TO**

Local Mental Health Authority

_____, 20____
Date

To The Director:

I, _____, a duly authorized mental health or peace officer have observed
_____, in conduct which leads me to believe that there is
Proposed Patient
probable cause that _____, is mentally ill and that there is substantial
Proposed Patient
likelihood of serious harm to self or others unless taken into protective custody pending
proceedings for examination and certification. I hereby make application for commitment of the
said proposed patient to: _____.
Local Mental Health Authority

I took the proposed patient into protective custody under the following circumstance(s):

- (a) Statement of facts which called proposed patient to attend of officer: _____

- (b) Specific nature of danger: _____

- (c) Summary of observation upon which the statement of danger is based: _____

Names and addresses of persons to be notified of placement in custody of local mental health authority:

Guardian: _____
Address Phone

Adult Family: _____
Address Phone

Other: _____
Address Phone

Signature of Mental Health Officer or Peace Officer

Transportation: Davis County Sheriff: 801-451-4151 or Layton Police (within Layton City only): 801-544-1241

INSTRUCTIONS: If a duly authorized peace officer observes a person involved in conduct that gives the officer probable cause to believe that the person is mentally ill, as defined in Section 62A-15-602, and because of that apparent mental illness and conduct, there is a substantial likelihood of serious harm to that person or others, pending proceedings for examination and certification under this part, the officer may take that person into custody. The peace officer shall transport the person to be transported to the designated facility of the appropriate local mental health authority pursuant to this section, either on the basis of his own observation or on the basis of a mental health officer's observation that has been reported to him by that mental health officer. Immediately thereafter, the officer shall place the person in the custody of a local mental health authority and make application for commitment of that person to the local mental health authority. A person committed under this section may be held for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, said person shall be released unless application for involuntary commitment has been commenced pursuant to Section 62A-15-631.

EMERGENCY APPLICATION FOR INVOLUNTARY
COMMITMENT ON CERTIFICATION
TO

_____, 20____
Local Mental Health Authority Date

To The Director:

I, _____ residing at _____,
State of _____, hereby request the temporary, involuntary commitment of
_____ to _____.
Proposed Patient Local Mental Health Authority

I believe that the said proposed patient is likely to cause serious injury to himself or others if not immediately restrained and that the individual's condition or circumstances which lead to this belief are as follows: _____

Names and addresses of persons to be notified of placement into custody of local mental health authority:

Guardian: _____
Address Phone
Adult Family: _____
Address Phone
Other: _____
Address Phone

Applicant Signature

Relationship to proposed patient

CERTIFICATE FOR EMERGENCY COMMITMENT
TO

Local Mental Health Authority

I, _____, do hereby certify that I am a physician licensed under the laws of the State of Utah to practice medicine, or a medical officer of the United States Government in the State of Utah in the performance of my official duties, or a designated examiner appointed by the Division of Substance Abuse and Mental Health* and that I have examined _____, within a three-day period preceding this certification and am of the opinion that the proposed patient is mentally ill and, because of his mental illness, is likely to injure himself or others if not immediately restrained.

Proposed Patient

The pertinent data that I have obtained is as follows: _____

Dated this _____ day of _____, 20_____

Signature

Address

Address

*Cross out terms not applicable

INSTRUCTIONS: An adult may be temporarily, involuntarily committed to a local mental health authority upon (i) written application by a responsible person who has reason to know, stating a belief that the individual is likely to cause serious injury to himself or others if not immediately restrained, and stating the personal knowledge of the individual's condition or circumstances which lead to that belief; and (ii) a certification by a licensed physician or designated examiner stating that the physician or designated examiner has examined the individual within a three-day period preceding that certification, and that he is of the opinion that the individual is mentally ill and, because of his mental illness, is likely to injure himself or others if not immediately restrained. A person committed under this section may be held for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period the person shall be released unless application for involuntary commitment has been commenced pursuant to Section 62A-15-631. UCA 62A-15-629