

STATE OF VERMONT

SUPERIOR COURT  
\_\_\_\_\_ Unit

FAMILY DIVISION  
Docket No.

In re: \_\_\_\_\_  
[proposed patient's name]

**APPLICATION FOR EMERGENCY EXAMINATION**

NOW COMES \_\_\_\_\_  
(Print full name of applicant)

of \_\_\_\_\_  
(Print complete address of applicant)

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to, or interest in, proposed patient\* \_\_\_\_\_

and makes application for the emergency examination of \_\_\_\_\_  
(Print full name of proposed patient)

of \_\_\_\_\_  
(Print complete address of proposed patient)

Parent/Legal Guardian _____ _____ (Print Name and address of Parent/Legal Guardian)
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**\*NOTE:** Only the following persons may make application for an individual's emergency examination: a guardian, spouse, parent, adult child, close adult relative, a responsible adult friend, a person who has the individual in his or her charge or care (e.g., a superintendent of a correctional facility), a law enforcement officer, a licensed physician (**Caution:** the same physician cannot be both applicant and certifying physician), a head of a hospital or his or her written designee, or a mental health professional (i.e., a physician, psychologist, social worker, mental health counselor, nurse, or other qualified person designated by the Commissioner of Mental Health).

### Reason for Application

**(BE SPECIFIC!** State the facts you have gathered, from either (1) your own personal observations, or (2) a reliable report to you by someone who personally observed the proposed patient’s behavior, that lead you to believe that the proposed patient needs an emergency examination and is a person in need of treatment. Please distinguish between what is current information and what is historical.)

**(WRITE LEGIBLY!** Failure to write legibly may result in the court’s discharge of the proposed patient before the person has been properly treated.)

**(NOTE:** In emergency circumstances where a certification by a physician is not available without serious and unreasonable delay, *do not use this form*. Instead apply to a superior court judge for a warrant for an emergency examination.)

1. Personal Information (*Proposed patient’s age, gender, marital status, residence, ethnicity, race, nationality, employment information, and any other relevant personal information.*)

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2. Location of Assessment (*Where did the applicant meet and interview the proposed patient.*)

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3. Familiarity with Proposed Patient and Other Relevant Information (*Include information on alternatives to hospitalization, etc.*)

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4. Mental Status Examination (*Include information about the proposed patient’s appearance, attitude, behavior, mood, affect, speech, thought process and content, cognition, insight, judgment, neuro-vegetative symptoms, and any other relevant information about the proposed patient’s mental status. Quote proposed patient if possible.*)

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5. Threatening or Dangerous Behavior (Provide details, including time, place, witnesses, surrounding circumstances, and any other relevant information. Quote proposed patient if possible.)

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6. Eyewitnesses (Provide names and contact information for anyone else who saw the threatening or dangerous behavior.)

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7. Other Neurological Issues (List other neurological or developmental issues that affect the proposed patient's mood or mental status, including brain injury, disease, or developmental disability.)

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8. Substance Use (If known, list all substances recently used by the proposed patient prior to this application and provide a general summary of current and past substance abuse.)

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9. Criminal History (List any known past criminal behaviors where charges were brought, including any current criminal charges pending against the proposed patient.)

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10. Need for Hospitalization (*Provide a recommendation for disposition. Explain why the proposed patient needs hospitalization and cannot receive adequate treatment in the community.*)

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Signed under the pains and penalties of perjury pursuant to 18 V.S.A. Section 7612(d)(2):

\_\_\_\_\_  
**Date of Application**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name of Applicant**

**Note to Applicant:** This application, along with a signed physician's certificate, must accompany the proposed patient when she or he is taken to the hospital for an emergency examination (second certification) by a psychiatrist.

Please fax a copy of this form to:  
VPCH Admissions Office: Fax #: 802-828-2749  
Phone #: 802-828-2799