

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)

***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).

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

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