

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).

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.)*

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

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

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

6. Eyewitnesses (*Provide names and contact information for anyone else who saw the threatening or dangerous behavior.*)
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.*)
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.*)
9. Criminal History (*List any known past criminal behaviors where charges were brought, including any current criminal charges pending against the proposed patient.*)

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