

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

\_\_\_\_\_ Unit  
(County)

In re: \_\_\_\_\_  
(Proposed patient's name)

Date of Birth: \_\_\_\_\_

**WARRANT FOR EMERGENCY EXAMINATION**

Upon consideration of the Application and Supporting Affidavit for the Warrant for  
Emergency Examination of: \_\_\_\_\_, filed by  
(Name of Proposed Patient)

\_\_\_\_\_, the Court finds as follows:  
(Name and title of Officer or Mental Health Professional)

1. Probable cause exists to believe that the above-named proposed patient is a “person in need of treatment,” as defined by 18 V.S.A. § 7101(17), in that personal observation of the conduct of the proposed patient constitutes reasonable grounds to believe that this person presents an immediate risk of serious injury to himself or herself or others if not restrained; and

2. Because of the emergency circumstances described in the application, it satisfactorily appears that a certification by a physician is not available without serious and unreasonable delay.

Accordingly, it is hereby ORDERED:

1. The proposed patient shall submit to an emergency examination at a hospital.
2. Any law enforcement officer or mental health professional shall take the proposed patient into custody for the purpose of transporting him or her to the hospital.
3. Upon arrival at the hospital, the proposed patient shall be evaluated by a physician as soon as possible to determine if the proposed patient should be certified for an emergency examination.
4. If, after evaluation, the physician determines that the proposed patient is a person in need of treatment, the physician shall issue an initial certificate, and the proposed patient shall be held for an emergency examination in accordance with 18 V.S.A. § 7508.
5. If the physician does not certify that the proposed patient is a person in need of treatment, the physician shall immediately discharge the proposed patient and cause him or her

to be returned to the place from which he or she was taken, or to such place as the proposed patient reasonably directs.

DATED at \_\_\_\_\_, Vermont, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
(Town) (Day) (Month) (Year)

TIME: \_\_\_\_:\_\_\_\_ a.m. / p.m.

\_\_\_\_\_  
Superior Court Judge

**Note to Applicant:** A copy of this warrant and the application MUST accompany the proposed patient when he or she is taken to the hospital.

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

\_\_\_\_\_ Unit  
(County)

In re: \_\_\_\_\_  
(Proposed patient's name)

**APPLICATION FOR WARRANT FOR EMERGENCY EXAMINATION**

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

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

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

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

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

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

Parent/Legal Guardian _____  _____ (Print Name and address of Parent/Legal Guardian)
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**\*NOTE:** Only the following persons may apply for a warrant for an individual's emergency examination: a law enforcement officer (i.e., a sheriff, deputy sheriff, constable, municipal police officer, or state police), 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 is a person in need of treatment and presents an *immediate* risk of serious injury to himself or herself or others if not restrained. 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:** If a certification by a physician is available without serious and unreasonable delay, *do not use this form.* Instead use an Application for 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. Unavailability of Physicians Certificate (*Describe the emergency circumstances which lead you to believe that a certification by a physician is not available without serious and unreasonable delay.*)

11. 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 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:** The law enforcement officer or mental health professional who makes this application may take the proposed patient into temporary custody while applying to the court without delay for the warrant. If the judge is satisfied that a physician’s certificate is not available without serious and unreasonable delay, and that probable cause exists to believe that the proposed patient is in need of an emergency examination, the judge may order the proposed patient to submit to an evaluation by a physician. The court may issue an order authorizing any law enforcement officer to take the proposed patient into custody and to transport him or her to a hospital for examination. A copy of this application and the warrant MUST accompany the proposed patient when he or she is taken to the hospital.

Please fax a copy of this form to:

VPCH Admissions Office: Fax #: 802-828-2749

Phone #: 802-828-2799