## STATE OF VERMONT

SUPERIOR COURTUnit	FAMILY DIVISION
(County)	
In re:(Proposed patient's name)	Date of Birth:
WARRANT FOR EMEI	RGENCY EXAMINATION
Upon consideration of the Application a	and Supporting Affidavit for the Warrant for
Emergency Examination of:  (Name of Propos	ed Patient), filed by
(Name and title of Officer or Mental Health Pro	the Court finds as follows:
need of treatment," as defined by 18 V.S.A. § 7 Applicant or an eyewitness based upon a writte	

- proposed patient poses an immediate risk of serious injury to self 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 shall take the proposed patient into custody for the purpose of transporting the proposed patient to the hospital.
- 3. Upon arrival at the hospital, the proposed patient shall be evaluated by a licensed 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 person shall immediately be discharged and returned that person's place of residence, or to such place as the person reasonably directs.
- 6. Authority to transport a person pursuant to this warrant shall expire if the person is not taken into custody and transported within 72 hours after the warrant is issued.

DATED at, V	Vermont, this day of	, 20
(Town)	(Day) (Month)	(Year)
TIME: : a.m. / p.m.		
<u> </u>	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
(County) Unit	
(County)	
In re:(Proposed patient's name)	
(Proposed patient's name)	
APPLICATION FOR WARRANT FOR EME	RGENCY EXAMINATION
NOW COMES	
NOW COMES(Print full name of applicant	
of	
of(Print complete address of applicant)	
and makes application for the emergency examination of _	
of(Print complete address of proposed patient)	·
(1 thit 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)	)

\*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**

<u>BE SPECIFIC!</u> 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 and has completed and signed a Statement of Facts under pains of perjury, attached hereto, 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.

<u>WRITE LEGIBLY!</u> Failure to write legibly may result in the court's discharge of the proposed patient before the person has been properly treated.

<u>NOTE</u>: 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.	<u>Personal Information</u> (Proposed patient's age, gender, marital status, residence, ethnicity, race, nationality, employment information, and any other relevant personal information.)
2.	<u>Location of Assessment</u> (Where did the applicant meet and interview the proposed patient.)
3.	<u>Familiarity with Proposed Patient and Other Relevant Information</u> (Include information on alternatives to hospitalization, etc.)

4. <u>Mental Status Examination</u> (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. If knowledge of dangerous behaviors is based upon the reliable report of an eyewitness other than yourself, identify the witness below and attach the witness Statement of Facts to this application.)

6.	Eyewitnesses (Provide names, contact information, and completed Statement of Facts 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.	<u>Criminal History</u> (List any known past criminal behaviors where charges were brought, including any current criminal charges pending against the proposed patient.)
10.	<u>Unavailability of Physicians Certificate (Describe the emergency circumstances which lead</u> 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	nder 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:** A law enforcement officer who makes this application may take the proposed patient into temporary custody if the law enforcement officer has probable cause to believe that the person poses a risk of harm to self or others. 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 the patient to a hospital for examination. A copy of this application and the warrant MUST accompany the proposed patient when taken to the hospital.

Please fax a copy of this form to:

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

Phone #: 802-828-2799