

STATE OF INDIANA )

COUNTY OF \_\_\_\_\_ )

IN THE \_\_\_\_\_

IN RE THE MENTAL HEALTH )  
PROCEEDINGS OF: )  
\_\_\_\_\_ )

CASE NO \_\_\_\_\_

**APPLICATION FOR EMERGENCY DETENTION  
OF MENTALLY ILL AND DANGEROUS AND/OR GRAVELY DISABLED PERSON**

*(Facilities complete sections 1 through 5)*

1. Comes now Applicant:

\_\_\_\_\_  
Facility name

\_\_\_\_\_  
Facility address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address or facsimile number

\_\_\_\_\_  
Name of Applicant on behalf of the facility

\_\_\_\_\_  
Admission Date and Time

2. And files this Application under Indiana Code 12-26-5 concerning:

\_\_\_\_\_  
Name of individual

\_\_\_\_\_  
Home address and County

\_\_\_\_\_ Location where  
individual can be found (if different)

Identifying data: Sex \_\_\_\_\_

DOB or estimated age: \_\_\_\_\_

Other distinguishing characteristic(s):  
\_\_\_\_\_

3. Applicant requests that the court authorize:

Continued emergency detention in the following appropriate facility:

\_\_\_\_\_ (Name and location of facility)

Law enforcement to take the individual into custody and transport to the following appropriate facility, which has been contacted and agreed to accept the individual:

\_\_\_\_\_ (Name and location of facility)

4. Physician's Attestation<sup>1</sup>:

I hold a valid license to practice medicine in Indiana, issued by the Medical Licensing Board of Indiana, or am a medical officer of the United States Government who is in Indiana performing official duties.

The above-named individual has been examined by a physician, an advanced practice registered nurse, or physician assistant, and that based on this examination, or based on other information provided, I believe there is *probable cause* to believe that the individual is mentally ill, meaning a psychiatric disorder that substantially disturbs an individual's thinking, feeling, or behavior and impairs the individual's ability to function, due to:

intellectual disability,  
alcoholism,  
addiction to narcotics or dangerous drugs,  
temporary impairment as a result of alcohol or drug use, or  
other psychiatric disorder.

and the individual is:

dangerous to self,  
dangerous to others, or  
gravely disabled (meaning a conditions in which the individual, as a result of mental illness, is in danger of coming to harm because the individual is unable to provide for the individual's essential needs or has a substantial impairment or obvious deterioration of that individual's judgment, reasoning, or behavior that results in the individual's inability to function independently),

---

<sup>1</sup> This Application is not complete without a Physician's Attestation.

and the individual requires involuntary detention to receive care and treatment for the following reasons:

---

---

---

---

---

\_\_\_\_\_  
Physician name

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/time

5. Applicant's Attestation (if other than the Physician above):

I believe there is *probable cause* to believe that the individual is mentally ill, meaning a psychiatric disorder that substantially disturbs an individual's thinking, feeling or behavior and impairs the individual's ability to function, due to:

intellectual disability,  
alcoholism,  
addiction to narcotics or dangerous drugs,  
temporary impairment as a result of alcohol or drug use, or  
other psychiatric disorder.

and the individual is:

dangerous to self,  
dangerous to others, or  
gravely disabled (meaning a condition in which the individual, as a result of mental illness, is in danger of coming to harm because the individual is unable to provide for the individual's essential needs or has a substantial impairment or obvious deterioration of that individual's judgment, reasoning, or behavior that results in the individual's ability to function independently),

and the individual requires involuntary detention to receive care and treatment for the following reasons:

---

---

---

---

---

\_\_\_\_\_  
Applicant Name on behalf of the facility

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date/time

*(Judicial Officers complete Section 6 or 7)*

## 6. Emergency Detention Order

The undersigned judicial officer, having reviewed this Application, finds:

the Application was filed within forty-eight (48) hours of admission, excluding Saturdays, Sundays, and legal holidays (if the individual was admitted after midnight and before 8:00 a.m., the time period begins to run at 8:00 a.m.);

there is *probable cause* to believe the individual has a mental illness, is either dangerous or gravely disabled, and requires involuntary detention to receive care and treatment;

the court authorizes continued emergency detention in the following appropriate facility:

\_\_\_\_\_ (Name and location of facility)

the court authorizes law enforcement to take the individual into custody and transport to the following appropriate facility, which has been contacted and agreed to accept the individual:

\_\_\_\_\_ (Name and location of facility)  
The individual may not be detained in the facility for more than fourteen (14) days from the time of admission, excluding Saturdays, Sundays, and legal holidays pending a final hearing.

If petitioner believes a temporary or regular commitment is necessary, Petitioner is **ORDERED** to file a request for final hearing **within seven (7) days from the date of admission**, excluding weekends and holidays. If no request for hearing has been filed, this order for detention expires as provided in Indiana Code 12-26-5-1.

The individual shall be discharged from the facility immediately if the superintendent of the facility or the physician believes detention is no longer necessary and the facility shall promptly notify the court of the same.

If clinically appropriate, a physician may authorize and begin a mental health or substance use disorder treatment plan using accepted clinical care guidelines, including medication, for the individual detained.

A copy of this Application for Emergency Detention shall be made a part of the individual's medical record.

If transfer to another facility is appropriate under accepted clinical care guidelines (check one):

the facility must obtain judicial approval before transferring the individual to another appropriate facility, or

the facility is not required to obtain judicial approval before transferring the individual to another appropriate facility in Indiana, so long as the facility has been contacted and has agreed to admit the individual under the emergency detention order.

The facility is ordered to promptly notify the court of any transfer.

SO ORDERED \_\_\_\_\_ (Date/time)

\_\_\_\_\_  
Judicial Officer

**7. Emergency Detention Denial**

The undersigned judicial officer, having reviewed this Application, finds:

the Application was not filed within forty-eight (48) hours of admission, excluding Saturdays, Sundays, and legal holidays (if the individual was admitted after midnight and before 8:00 a.m., the time period begins to run at 8:00 a.m.); or

there is no probable cause to further detain the individual, and the individual is hereby released.

SO ORDERED \_\_\_\_\_ (Date/time)

\_\_\_\_\_  
Judicial Officer