## **NOTIFICATION OF EMERGENCY DETENTION**

CASE NO		DATE:	TIME:
THE STATE OF TEXA FOR THE BEST INTER		OF:	
DOB:	Race:	Gender:	Phone Number:
Address:			
Now comes(name of agency) of	the State of Texas, and	, a peace states as follows:	officer with
☐ I have reason to be illness; <b>AND</b>	elieve and do believe that		(person detained) evidences men
or others based on	the person's behavior or e in inability to recognize syr	evidence the person is expe	dences a substantial risk of serious harm to himself/hers riencing severe emotional distress and deterioration or t sks and benefits of treatment to the extent that the pers
☐ I have reason to bel	ieve and do believe that th	ne risk of harm is imminent	unless the above-named person is immediately restraine
•		ollowing recent behavior, so e or reliably reported to me	evere emotional distress and deterioration, overt acts, (may use attachments).
recent behavior, acts,		hreats of the above-named	med person or those persons who reported or observed person or relevant witnesses who witnessed the above
ADULT 65 YEARS OF A	AGE OR OLDER	□ NO <i>If yes, age:</i>	
CHILD 17 YEARS OF AC	GE OR YOUNGER	□ NO <i>If yes, age</i> :	
FOR A CHILD 17 YEARS	OF AGE OR YOUNGER (if )	ves):	
•		-	removed from the parents' custody is based on the abovect the child from imminent serious harm.
-		uardian(s) of my intention t	
☐ I was not able to p	rovide notice to the child's	parent(s) or guardian(s) of	my intention to file this notification because:
Parent(s)/Guardian(s)	Contact Information (if kno	own):	

USE OF RESTRAINT					
Was the person physically restr	ained i	n any v	way? □	] YES □ NO	
If YES, reason for physical restra	aint: 🗆	Office	er Safet	ry □ Person's Safety □ Other:	
CALL ORIGINATED AT: ☐ Public	: Area [	⊐ Resi	dence	☐ School/University ☐ Group Home	☐ Hospital ☐ Other
OBSERVATIONS/HISTORY If YE	S to any	y ques	tion be	low, provide additional information.	
	YES	NO	UNK	N	OTES
Harm to self or stating an intention to harm self?					
Previous suicide attempt?					
Harm to others or stating an intention to harm others?					
Previous serious harm or injury to others?					
Previous psychiatric hospital treatment?					
Reported mental health diagnosis?					
Prescribed psychiatric medications?					
Current psychiatric medications taken?					
Sleeping difficulty?					
Substance Use Disorder?					
<b>TRANSPORTED TO:</b> ☐ Hospital,	/Emerg	ency R	loom [	Mental Health Facility ☐ Other	
For the above reasons, I presen	t this n	otifica	tion to		ame of facility)
				inpatient mental	health facility or hospital facility for the
detention of (person detained)					on an emergency basis.
[If annlicable] I have transferred	tha n	arson (	dotaine	ad to Emergency Medical Services Re	rsonnel (Name & Agency)
					/ at (time)M.,
				een agencies, and I have determined	
transport is safe for both the pe	erson a	nd the	persoi	nnel.	
PEACE OFFICER'S PRINTED NAME:				BADGE NO	
Address:					

A mental health facility or hospital emergency department may not require a peace officer or emergency medical services personnel to execute any form other than this form as a predicate to accepting for temporary admission a person detained by a peace officer under Section 573.001, Texas Health and Safety Code.