**ADVISEMENT TO PATIENT**

**UNDER EMERGENCY DETENTION**

*(TO BE COMPLETED BY PEACE OFFICER)*

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Patient)

You are being temporarily detained to determine if you are suffering from mental illness such that you need mental health services for the protection of yourself and others.

Among your rights, you have the right to know the following information.

1. You are being detained at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of facility).
	1. The reasons for your detention are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. This temporary detention could result in a longer period of involuntary commitment to a mental health facility.
1. You have the right to contact an attorney of your own choosing, and the right to a reasonable opportunity to contact that attorney.
2. If you are not admitted for emergency detention, you have the right to be transported back to the location of your apprehension or to your place of residence in Texas or other suitable locations, unless you are arrested or object to the return.
3. You have the right to be released from detention if the administrator of this facility where you are being held determines that any one of the following four criteria for emergency detention no longer apply:
	1. That you are mentally ill; or
	2. That you show a substantial risk of serious harm to yourself or others, as determined either by your behavior or by evidence of severe emotional distress and deterioration in your mental condition to the extent that you cannot remain at liberty; or
	3. That the risk of harm to yourself or to others is imminent unless you are immediately restrained at this time; or
	4. That emergency detention is the least restrictive means by which necessary restraint may be accomplished.
4. If you talk with or communicate with a mental health professional, those communications may be used in proceedings for further detention.

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SIGNATURE OF PATIENT DATE

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SIGNATURE OF PEACE OFFICER DATE

**COPY TO BE RETURNED TO COURT**