



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

In the Matter of _____

**PETITION FOR EMERGENCY EVALUATION
(Maryland Code, Health General Article § 10-620 et seq.)**

The petitioner, _____ Name of Petitioner, requests that this court order an emergency evaluation of _____ Name of Person to be Evaluated (Evaluee) and in support of this petition states as follows:

1. Petitioner: Address _____

Cell Phone/Pager # _____ Home Phone _____ Work Phone _____

If petitioner is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the evaluee, then the petitioner's specialty is _____ and the petitioner's license number is _____.

Relationship to or interest in evaluee _____

2. Evaluee: Address _____ DOB _____

Sex _____ Race _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ Complexion _____

Other _____

3. If not petitioner, name of spouse, child, parent, or other relative, or other individual interested in the evaluee:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

4. A petition for emergency evaluation of the evaluee was filed previously on _____ Date and was granted denied.

5. The evaluee has been hospitalized in the past at the following facilities:

When _____ Where _____ Diagnosis _____

When _____ Where _____ Diagnosis _____

6. The evaluee currently is receiving psychiatric treatment from:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

7. The evaluee has been prescribed the following medication for their mental disorder: _____

8. The evaluee is is not taking the medication as prescribed OR I do not know whether the evaluee is taking medication as prescribed.

9. The evaluee is demonstrating the following behavior that leads me to conclude that they currently have a mental disorder: _____ (Attach additional sheets if necessary)

10. The evaluee presents a danger to the life or safety of the evaluee or others because: _____ (Attach additional sheets if necessary)

11. The evaluee has access to the following firearms/weapons: _____

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

_____ Date _____ Petitioner _____

_____ Fax _____ E-mail _____

TO THE PETITIONER: You may be required to appear before the court. You have made the statements above under penalties of perjury. If an evaluation is ordered, it would be helpful if you could accompany the evaluee to the emergency facility and provide emergency facility authorities with all information that is pertinent to this petition. A petitioner who, in good faith and with reasonable grounds, submits or completes the Petition for Emergency Evaluation is not civilly or criminally liable for submitting or completing the petition.

A. Duties of Peace Officer

1. Caution to Petitioner. A peace officer shall explain to a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, who presents a petition to the peace officer:
 - a. the serious nature of the petition; and
 - b. the meaning and content of the petition.
2. Delivery to Facility. To the extent practicable, a peace officer shall notify the emergency facility in advance that the peace officer is bringing an emergency evaluatee to the emergency facility. A peace officer shall bring an evaluatee to the nearest emergency facility if the officer has a petition that:
 - a. has been endorsed by a court within the last five (5) days; or
 - b. is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, or peace officer.
3. Documentation of Delivery. A peace officer shall complete a Return of Service by Peace Officer form (CC-DC-027) and have an agent for the emergency facility sign the form.
4. Remaining with Evaluatee.
 - a. After a peace officer brings an evaluatee to an emergency facility, the officer need not stay unless, because the evaluatee is violent, emergency facility personnel ask the supervisor of the peace officer to have the peace officer stay.
 - b. A peace officer shall stay until the officer's supervisor responds to the request for assistance.
5. Return of Service. A peace officer shall file a completed Return of Service with the court issuing the Endorsement and Order immediately after an evaluatee is delivered to an emergency facility or immediately after expiration of the five-day period for taking the evaluatee into custody.

B. Duty of Supervisor. A supervisor shall allow a peace officer to stay with a violent evaluatee.

C. Duties of Emergency Facility

1. Documentation of Delivery. An agent of the emergency facility shall sign the Return of Service by Peace Officer form completed by a peace officer transporting an evaluatee to the emergency facility.
2. Examination. If emergency facility personnel ask that a peace officer stay, a physician shall examine the evaluatee as promptly as possible to determine whether the evaluatee meets the requirements for involuntary admission. In any event, a physician shall examine an evaluatee within six (6) hours after an officer brings the evaluatee to the emergency facility.
3. Release or Admission. Promptly after an examination, an evaluatee shall be released unless the evaluatee:
 - a. asks for voluntary admission; or
 - b. meets the requirements for involuntary admission.
4. Detention Period. An emergency evaluatee may not be kept at an emergency facility for more than thirty (30) hours.

CERTIFICATION BY PEACE OFFICER

I am a sheriff, deputy sheriff, State police officer, county police officer, municipal or other local police officer, or Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to (Evaluatee), I have personally observed the Evaluatee or Evaluatee's behavior and, based on the observation or other information, have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluatee to (emergency facility) for evaluation.

.....
Date and Time

.....
Peace Officer

.....
Department

.....
ID Number

**CERTIFICATIONS BY
OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER**

I am a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, health officer or designee of a health officer. I have examined (Evaluatee). Based on the examination or other information, I have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluatee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

.....
Date and Time

.....
Physician or other Qualified Person under HG § 10-622

.....
License No.

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

.....
Date

.....
Peace Officer

.....
Department

.....
ID Number