Pursuant to Minnesota Statutes 253B.05, subd. 2, a peace or health officer shall make written application for admission of the person to the treatment facility. The application shall contain the peace or health officer’s statement specifying the reasons for and circumstances under which the person was taken into custody. If danger to specific individuals is a basis for the emergency hold, the statement must include identifying information on those individuals, to the extent practicable. A copy of the statement shall be made available to the person taken into custody.

**Health or Peace Officer’s Statement (M.S. 253B.05 (subd. 2))**

I am a [Title or Position] with [Agency] and am hereby making a written application to the head of the treatment facility for the admission of [Patient’s Full Name] of [County].

I believe that this person is mentally ill, developmentally disabled or chemically dependent and in danger of injuring self or others if not immediately detained; or is intoxicated in public. In the space provided below, please identify the specific reasons for the circumstances under which the person was taken into custody. You must include a statement with identifying information regarding any individuals who might be endangered if this person is not held. Please print.

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<th>Printed Name and Signature</th>
<th>Title</th>
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**Medical Officer on Duty Statement (M.S. 253B.05 (subd. 2(b)))**

I am a medical officer on duty at [treatment facility] and upon preliminary examination find that this patient [has] (does not have) symptoms of mental illness or developmental disability and [appears] (does not appear) to be in danger of injuring self or others if not immediately detained, and thereby (recommend admission) (do not recommend admission) to this treatment facility.

OR:

I am the institution program director, or designee on duty at [treatment facility], and upon preliminary examination find that this patient [has] (does not have) symptoms of chemical dependency and [appears] (does not appear) to be in danger of injuring self or others if not immediately detained or [is] (is not) intoxicated in public, and thereby (recommend admission) (do not recommend admission) to this treatment facility.

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**Consent of Head of Treatment Facility**

I am the head of the [treatment facility] or designee and (consent) (do not consent) to the admission of [Patient’s Full Name] to this treatment facility.

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Initial Assessment (M.S. 253B.06)

Pursuant to M.S. 253B.06 (subd. 1), I hereby declare that I am a physician knowledgeable and trained in the diagnosis of the alleged disability and have examined this person within 48 hours of admission to this treatment facility, and in my opinion there is an apparent need for care, treatment, and evaluation as a person with a mental illness or developmental disability.

OR:

Pursuant to M.S. 253B.06 (subd. 2.), I hereby declare that this person has been examined according to procedures established by a physician and that I am a staff person knowledgeable and trained in the diagnosis of the alleged disability and in my opinion there is an apparent need of admission as a person with chemical dependency. (The Examiner’s statement must be filled out when using this form as a Peace or Health Officer Authority or Examiner’s Hold Order)

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Examiner’s Statement (M.S. 253B.05 (subd. 1))

I am a physician, licensed doctoral level psychologist, advance practice registered nurse certified in mental health or a licensed physician assistant in the State of Minnesota and am knowledgeable, trained and practicing in the diagnosis and treatment of mental illness/chemical dependency/developmental disability.

On the __________ day of __________________, 20___, I examined _______ and I am of the opinion that he/she is mentally ill/chemically dependent/developmentally disabled and is in danger of causing injury to self or others if not immediately detained, and that a court order cannot be obtained in time to prevent such anticipated injury. If danger to specific individual(s) is the basis for the emergency hold, the statement must identify the individual(s), to the extent practicable.

The reasons for my opinion are as follows (reasons must be stated in specific, behavioral terms and not in conclusory language):

___________________________________________________________________________________________________

____________________________________________________________________________________________________

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Printed Name and Signature | Date | Time |
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If you ask, we will give you this information in another form, such as Braille, large print or audiotape.

Facility Name:
Patient Name:
Birthdate:
Sex:

Revised 10/2016

EMERGENCY HOLD ORDER
(Minnesota Statutes 253B.05 and 253B.06)