

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

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

For use when applying for admission of a person on an emergency hold order. The term "Peace Officer" means a sheriff, municipal or other local police officer, or state patrol officer. The term "Health Officer" means a licensed physician, licensed psychologist, licensed social worker, psychiatric or public health nurse, advance practice registered nurse, emergency room registered nurse, or a formally designated member of a pre-petition screening unit or a mental health professional working with a mobile crisis intervention service (MS 245.462). Pursuant to MS 253B.05 Subd.2, the Peace or Health Officer must provide the officers name, agency and telephone number or contact information.

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

I am a _____ with _____ and am hereby making a written application
(Title or Position) (Agency)
 to the head of the treatment facility for the admission of _____ of _____.
(Patient's Full Name) (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.

Printed Name and Signature	Title	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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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.

Printed Name and Signature	Title	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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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 _____ to this treatment facility.
(Patient's Full Name)

Printed Name and Signature	Title	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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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)**

Printed Name and Signature	Title	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM

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):

Printed Name and Signature	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM

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

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