

## EMERGENCY HOLD ORDER APPLICATION (Minnesota Statutes 253B.051 and 253B.06)

Pursuant to Minnesota Statutes [253B.051, subd. 1](#), a peace or health officer shall make written application for admission of the person to the treatment facility, state-operated treatment program or community-based treatment program. The application shall contain the 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 or deputy sheriff, municipal or other local police officer, or state patrol officer. The term "Health Officer" means a licensed physician, mental health professional as defined in [245.462 subd. 18](#), clauses 1 to 6, licensed social worker, registered nurse working in a hospital ER, advanced practice registered nurse (APRN), mental health practitioner providing mental health mobile crisis intervention services with the consultation and approval of a mental health professional, or a formally designated member of a pre-petition screening unit. Pursuant to [MS 253B.051 Subd.1](#), the Peace or Health Officer must provide the officer's name, agency and telephone number or contact information.

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### Health or Peace Officer's Statement (M.S. 253B.051 subd. 1)

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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 \_\_\_\_\_  
(Patient's Full Name) (County)

I believe that this person is mentally ill, developmentally disabled, chemically dependent or intoxicated in public, and is in danger of injuring self or others if not immediately detained.

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 and attach additional pages if necessary.

Printed Name and Signature	Title and Contact Information	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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### Consent of Head of Treatment Facility or Program

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I am the head of the \_\_\_\_\_ facility/program and  
\_\_\_\_\_ consent / \_\_\_\_\_ do not consent to admit or hold \_\_\_\_\_ in this facility/program for  
(Patient's Full Name)  
emergency care and treatment **and** an Examiner has provided a written statement in support of the hold.

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 diagnosing of the patient’s mental health or developmental disability and have examined this person within 48 hours of **hospitalization** to this 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 within 48 hours according to procedures established by a physician or APRN 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 **chemically dependent person**.

**(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
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**Examiner’s Statement (M.S. 253B.051 subd. 1)**

I am a licensed physician, mental health professional as defined in section [245.462, subd 18](#), clauses 1 to 6, licensed physician assistant, or an APRN working in the ER of a hospital that has a process for credentialing and recredentialing any APRN acting as an examiner in an ER, and am knowledgeable, trained and practicing in the diagnosis and treatment of the alleged impairment.

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** include observations of behavior, avoid conclusory language and be specific enough to provide an adequate record for review):

Printed Name and Signature	Title	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		

**EMERGENCY HOLD ORDER  
(Minnesota Statutes 253B.051 and 253B.06)**