Notification - Emergency Detention

Incident Number:			
Date:		**Time:**	

FOR THE BEST INTEREST AND PROTECTION OF:			
Date of Birth		**Race**	
Gender		**Phone Num.**	
Address			

Now comes _____, a peace officer with the University of Texas System Police Department _____, of the State of Texas, and states as follows:

(Check all)

☐	I have reason to believe and do believe that _____ evidences mental illness;
☐	I have reason to believe and do believe that the above-named person evidences a substantial risk of serious harm to himself/herself or others based on the person's behavior or evidence the person is experiencing severe emotional distress and deterioration to the extent the person cannot remain at liberty; and
☐	I have reason to believe and do believe that the risk of harm is imminent unless the above-named person is immediately restrained.

1. My above-stated beliefs are based upon the following recent behavior, severe emotional distress and deterioration, overt acts, attempts, statements, or threats observed by me or reliably reported to me (may use attachments to report additional information)

2. The names, addresses, phone numbers, and relationship to the above-named person of those persons who reported or observed recent behavior, acts, attempts, statements, or threats of the above-named person are (if applicable):

	Yes	No	If yes, age:
ADULT 65 YEARS OF AGE OR OLDER?	☐	☐	
CHILD 17 YEARS OF AGE OR YOUNGER?	☐	☐	

FOR A CHILD 17 YEARS OF AGE OR YOUNGER (if yes): My belief the child is at risk of imminent serious harm unless immediately removed from the parents; custody is based on the above-stated facts showing the parents or guardians are presently unable to protect the child from imminent serious harm.	
☐	I provided notice to the child's parents or guardians of my intention to file this notification.
☐	I was not able to provide notice to the child's parents or guardians of my intention to file this notification because:

USE OF RESTRAINT			
Was the person physically restrained in any way?		Yes ☐	No ☐
If yes, reason for physical restraint?	Officer Safety ☐	Person's Safety ☐	Other

CALL ORIGINATED AT:					
Public Area	☐	Residence	☐	School/University	☐
Group Home	☐	Hospital	☐	Other	

If YES to any question below, provide additional information:	Yes	No	Unk.	Notes
Harm to self or stating an intention to harm self?	☐	☐	☐	
Previous attempt to commit suicide?	☐	☐	☐	
Harm to other or stating an intention to harm others?	☐	☐	☐	
Previous psychiatric hospital treatment?	☐	☐	☐	
Reported mental health diagnosis?	☐	☐	☐	
Prescribed psychiatric medications?	☐	☐	☐	
Current psychiatric medications taken?	☐	☐	☐	
Sleeping difficulty?	☐	☐	☐	
Substance use disorder?	☐	☐	☐	

TRANSPORTED TO:			
Hospital/Emergency Room	☐	Mental Health Facility	☐
Other			

For the above reasons, I present this notification to seek temporary admission to the (facility) _____ inpatient

mental health facility or hospital facility for the detention of _____ on an emergency basis.

PEACE OFFICER'S PRINTED NAME:	
BADGE NO.:	
PEACE OFFICER'S SIGNATURE	
Address:	
Zip Code:	
Telephone:	

SIGNATURE OF EMERGENCY MEDICAL SERVICES PERSONNEL (if applicable)	
PRINTED NAME OF PERSONNEL:	
Address:	
Zip Code:	
Telephone:	

Note (use additional pages if needed):

A mental health facility or hospital emergency department may not require a peace officer or emergency medical services personnel to execute any form other than this form as a predicate to accepting for temporary admission a person detained by a peace officer under Section 573.001, Health and Safety Code.