

<p><b>EMERGENCY or C.P.E.P. EMERGENCY ADMISSION</b> (Sections 9.41, 9.45, 9.55 and 9.57 Mental Hygiene Law)</p> <p><b>Custody/Transport Of A Person Alleged To Be Mentally Ill To A Hospital Approved To Receive Emergency or C.P.E.P. Emergency Admissions</b></p>	<p>Person's Name (Last, First, M.I.) _____ "C" No. _____</p> <hr/> <p>Sex ..... Date of Birth .....</p> <p>Address .....</p>
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<b>I. §9.41 Mental Hygiene Law</b>	<b>Custody/Transport By Certain Peace Officers and Police Officers</b>							
<p>I, _____, a Peace Officer/Police Officer of _____, hereby acknowledge that I have taken into custody _____, who appears to be mentally ill and is conducting him/herself in a manner which is likely to result in serious harm to him/herself or others.*</p> <p style="text-align: center;">(Name) (Department/Location) (Name of Person)</p> <p>A. I have removed or directed the removal of this person to _____ OR</p> <p style="text-align: center;">(Name of §9.39 Hospital/C.P.E.P.**)</p> <p>B. I am temporarily detaining this person at _____, a safe and comfortable place, pending examination or admission to _____. I am notifying _____ or _____ of _____ OR _____ of this detention/removal.</p> <p style="text-align: center;">(Location) (Name of §9.39 Hospital/C.P.E.P.** (Director of Community Services) (Health Officer) (City) (County)</p>								
(Signature of Peace Officer/Police Officer)	Title/Badge Number _____ <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 20px;">Mo.</td> <td style="width: 20px;">Day</td> <td style="width: 20px;">Yr.</td> <td style="width: 20px;">Hr.</td> <td style="width: 20px;">Min.</td> <td style="width: 20px;"><input type="checkbox"/> AM</td> <td style="width: 20px;"><input type="checkbox"/> PM</td> </tr> </table>	Mo.	Day	Yr.	Hr.	Min.	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Mo.	Day	Yr.	Hr.	Min.	<input type="checkbox"/> AM	<input type="checkbox"/> PM		

<b>II. § 9.45 Mental Hygiene Law</b>	<b>Request By A Director of Community Services or Designee</b>							
<p>I, _____, am the Director of Community Services for _____ OR</p> <p style="text-align: center;">(Name) (City or County)</p> <p>I, _____, am the designee of the Director of Community Services for _____ OR</p> <p style="text-align: center;">(Name) (City or County)</p> <p>It has been reported to me that _____ has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.*</p> <p style="text-align: center;">(Name of Person)</p> <p>This information was reported to me by _____, who is:</p> <p style="text-align: center;">(Name)</p> <p> <input type="checkbox"/> a licensed physician                      <input type="checkbox"/> the health officer                      <input type="checkbox"/> the parent of the person  <input type="checkbox"/> a licensed psychologist, a registered professional nurse, or certified social worker currently responsible for providing treatment services to the person                      <input type="checkbox"/> a peace or police officer                      <input type="checkbox"/> the adult sibling of the person  <input type="checkbox"/> the spouse of the person                      <input type="checkbox"/> the committee of the person  <input type="checkbox"/> the child of the person                 </p> <p>I hereby direct, under the Mental Hygiene Law, that peace/police officers of _____ take this person into custody and transport him/her to _____ OR</p> <p style="text-align: center;">(Department/Location) (Name of §9.39 Hospital/C.P.E.P.**)</p> <p>I hereby request, under the Mental Hygiene Law, that _____ transport this person to _____</p> <p style="text-align: center;">(Name of Ambulance Service) (Name of §9.39 Hospital/C.P.E.P.**)</p>								
Signature of Director of Community Services or Designee	<table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 20px;">Mo.</td> <td style="width: 20px;">Day</td> <td style="width: 20px;">Yr.</td> <td style="width: 20px;">Hr.</td> <td style="width: 20px;">Min.</td> <td style="width: 20px;"><input type="checkbox"/> AM</td> <td style="width: 20px;"><input type="checkbox"/> PM</td> </tr> </table>	Mo.	Day	Yr.	Hr.	Min.	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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\* "Likely to result in serious harm" means: (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

\*\* A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis; or, a C.P.E.P. licensed by OMH to provide psychiatric emergency services to patients admitted under MHL Section 9.40.

