

**APPLICATION FOR EMERGENCY DETENTION OF  
MENTALLY ILL AND DANGEROUS AND/OR GRAVELY DISABLED PERSON  
WHO IS IN NEED OF IMMEDIATE RESTRAINT**

1. Name of person to be detained: \_\_\_\_\_  
Residence address: \_\_\_\_\_  
Place where person can now be found: \_\_\_\_\_  
Identifying data: Sex \_\_\_\_\_ Age \_\_\_\_\_ Other \_\_\_\_\_

2. Applicant believes that this person has a mental illness in that he/she is suffering from:

- ( ) A psychiatric disorder
- ( ) A developmental disability (e.g. mental retardation, etc.)
- ( ) Alcoholism
- ( ) An addiction to narcotics or dangerous drugs

that substantially disturbs the person's thinking, feeling, or behavior and impairs the person's ability to function.

-AND-

3. A. Applicant believes that this person is **DANGEROUS** as a result of mental illness in that the person presents a substantial risk that he or she will harm ( ) himself/herself and/or ( ) others. Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-AND/OR-

B. Applicant believes that this person is **GRAVELY DISABLED** as a result of mental illness in that the person is in danger of coming to harm because the individual: ( ) is unable to provide for his/her food, clothing, shelter, or other essential human needs and/or ( ) has a substantial impairment or an obvious deterioration of his/her judgment, reasoning, or behavior that results in the individual's inability to function independently. Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-AND-

4. Applicant believes that this person is in need of immediate restraint because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
Time: \_\_\_:\_\_\_m

Applicant's Status:  
( ) health officer  
( ) police officer  
( ) other \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

Original to Court  
Copy to Chart  
Copy to Patient

Physician's Statement

The undersigned physician certifies that he/she is duly licensed to practice medicine in Indiana; and that, based on an examination or information given to him/her, the above-named person may have a mental illness, as that term is defined at IC 12-7-2-130, and is either dangerous, as that term is defined at 12-7-2-53, or gravely disabled, as that term is defined at IC 12-7-2-96; and that \_\_\_\_\_, telephone (219) \_\_\_\_\_, x (219) \_\_\_\_\_, has agreed to accept an emergency admission of the above-named person.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time \_\_\_\_:\_\_\_\_.m

Physician's Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Endorsement by Judicial Officer

The undersigned, a judicial officer authorized to issue warrants for arrest in Lake County, Indiana, having reviewed the foregoing Application for Emergency Detention, including the Physician's Statement, and having determined that the statements therein, if true, justify emergency detention, hereby authorizes any police officer to take \_\_\_\_\_ into custody and to transport him/her to \_\_\_\_\_, telephone ( ) \_\_\_\_\_.\*

SO ORDERED this day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_m.

\*Pursuant to the "Standing Order" that was issued by the judge for Lake County Superior Court, and dated March 15, 2002, no "judicial review or court order" is required prior to the emergency detention of the person identified in this application, and thus this section does not have to be endorsed by a judicial officer prior to detaining a person found in Lake County in a facility in accordance with IC 12-26-5 et seq., so long as:

- (A) The applicant has indicated in this application that the applicant believes the person has (i) a mental illness, (ii) is dangerous and/or gravely disabled, and (iii) is in need of immediate restraint AND
- (B) An Indiana-licensed physician has executed the Physician's Statement herein.

Emergency Admission Note

\_\_\_\_\_ was admitted pursuant to the foregoing Application for Emergency Detention to \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_m.

\_\_\_\_\_  
Admitting Officer

Original to Court  
Copy to Chart  
Copy to Patient