

TO:

Name of court :			
Address:	State:	Zip Code:	
IN THE INTEREST OF			
Name of Respondent:			
Name of Facility:			
Address:	City:	State:	Zip Code:
Date of Admission:	Time of Admission:	☐ a.m. [	p.m.
Date of involuntary detention at facility (if different):	Time of involuntary detention at facility (if different)	_	□ p.m.
Name of Examiner:			
1. NOTICE IS GIVEN that on the above date and time, the above named respondent was admitted to the indicated facility for emergency detention and treatment because of mental illness or a substance use disorder. The respondent was examined by the above indicated expert examiner and it was determined that as a result of the respondent's mental illness or substance use disorder, there is reasonable cause to believe there exists a serious risk of harm to the respondent's self, others, or property if not immediately detained. Attached are the following documents which state in detail the circumstances of the case.  Application for Emergency Admission (SFN 17264, Form GN-5) Petition for Involuntary Commitment (SFN 17260, Form GN-1) Request for Transportation for Emergency Detention (SFN 17265, Form GN-6)			
Dated this day of  X  Director or designee / Superintendent or designee			