

IN THE CLARK CIRCUIT COURT
STATE OF INDIANA

IN RE THE MATTER OF
MENTAL HEALTH ACTIONS FOR

CASE NO. 10C01-

APPLICATION FOR EMERGENCY DETENTION

(12-26-5-1)

1. I am the Applicant seeking an order for a 72-hour immediate emergency
detention of _____
(Name of Person to be Detained)
who resides at _____

Place where the Person can be found now: _____

Identifying Data: Gender _____ Age: _____ Date of Birth: _____

Description: _____

2. **BED/LOCATION AVAILABILITY** (Required by Applicant)

Applicant advises the Court that a search has resulted in securing an immediate
bed for this Person at _____. If this Application
is granted, the Court is advised that this secure will be available at _____
(Time)

on _____
(Date). The Sheriff may transport the Person to this Location at this
date and time.

3. I submit and verily believe that this individual is Mentally Ill AND
(check below at least one that applies)

Dangerous; or

Gravely Disabled

and in need of immediate restraint.

4. My above statements are based upon the following facts and Applicant submits that:

(a) The Person is dangerous to self or others because

other facts, from observation or credible reports to support that immediate emergency detention or restraint is necessary:

5. PHYSICIAN EMERGENCY STATEMENT (ATTACHED)

The Physician Emergency Statement (attached), is based on examination or information given to establish this Person to be mentally ill and either dangerous *or* gravely disabled.

DATED: _____

(Signature of Applicant)

TIME: _____

(Printed Name of Applicant)

(Title/Occupation of Applicant)

(Address of Applicant)

(City/State/Zip Code of Applicant)

(Phone Number of Applicant)

(Fax Number of Applicant)

Copies to:

*Facility Superintendent
(Superintendent to provide copy to the Person Detained and Physician)
Counsel(s) (if applicable)
Sheriff
Court File
RJO Book*

***ATTACH/STAPLE PHYSICIAN EMERGENCY STATEMENT**