

TYPE OR
PRINT

Superior Court of the District of Columbia
**APPLICATION FOR EMERGENCY HOSPITALIZATION BY A PHYSICIAN OR
PSYCHOLOGIST OF THE PERSON, OFFICER OR AGENT OF D.C. DEPARTMENT OF
HUMAN SERVICES OR AN OFFICER TO MAKE ARRESTS**

TO: Administrator, _____ Hospital
I, _____ state

**PHYSICIAN OR
PSYCHOLOGIST
OF THE
PERSON:**

That I am a physician _____ or qualified psychologist, _____ (CHECK ONE); that I am not related to the alleged mentally ill person; that I am not financially interested in the hospital in which said person is to be detained: that the statements are based on my personal observation and examination of said person not more than 72 hours prior to the making of this application, and further (CHECK APPROPRIATE BOX [1] OR [2] BELOW).

- 1. That I am licensed under the laws of the District of Columbia: that I am not professionally or officially connected with the hospital in which said person is to be detained; and having reason to believe
- 2. That I am employed by the United States or District of Columbia: and having reason to believe

**OFFICER OR
AGENT. DHS:**

That I am a duly accredited officer or agent of the Department of Human Services of the District of Columbia: and having reason to believe

POLICE:

That I am an officer authorized to make arrests in the District of Columbia: and having reason to believe that

(Name, address and age of person to be hospitalized)

is mentally ill and, because of such illness, is likely to injure self and/or others if not immediately detained, hereby make application under the provisions of Title 21, §521, D.C. Code, for the admission of said person to the above-named hospital for emergency observation and diagnosis, and request that said person be examined by a psychiatrist or qualified psychologist on duty for said hospital.

[1] STATE CIRCUMSTANCES UNDER WHICH PERSON WAS TAKEN INTO CUSTODY (Use reverse side if needed)

[2] STATE FACTS WHICH LEAD YOU TO BELIEVE PERSON IS METALLY ILL (Use reverse side if needed)

[3] STATE FACTS WHICH LEAD YOU TO BELIEVE PERSON IS LIKELY TO INJURE SELF AND/OR OTHERS AS A RESULT OF THE MENTAL ILLNESS (Use reverse side if needed)

DATE

Signature and Rank or Professional Title of Applicant

Business Address (Precinct or Service)

Telephone Number