

Court Header Object

Case Number: _____

Case Title Header Object
Style: In the Matter of

**PETITION FOR EMERGENCY EVALUATION
(Maryland Code, Health-General Article § 10-620 et seq.)**

The Petitioner, _____, requests that this Court order an emergency evaluation of
Name of Petitioner

_____, and in support of this Petition states as follows:

Name of Person to be evaluated (Evaluatee)

1. Petitioner: Address _____

Cell Phone/Pager # _____ Home Phone _____ Work Phone _____

If Petitioner is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the Evaluatee, then the Petitioner's specialty is _____ and the Petitioner's license number is _____.

Relationship to or interest in Evaluatee _____.

2. Evaluatee: Address _____ DOB _____

Sex _____ Race _____ Ht. _____ Wt _____ Hair _____ Eyes _____ Complexion _____

Other _____

3. If not Petitioner, name of spouse, child, parent, or other relative, or other individual interested in the Evaluatee:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

4. A petition for emergency evaluation of the Evaluatee was filed previously on _____

and was granted denied. *Date(s)*

5. The Evaluatee has been hospitalized in the past at the following facilities:

<i>When</i>	<i>Where</i>	<i>Diagnosis</i>
_____	_____	_____
_____	_____	_____

6. The Evaluatee currently is receiving psychiatric treatment from:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____

7. The Evaluatee has been prescribed the following medication for his/her mental disorder: _____

8. The Evaluatee is is not taking the medication as prescribed **OR** I do not know whether the Evaluatee is taking medication as prescribed.

9. The Evaluatee is demonstrating the following behavior that leads me to conclude that he/she currently has a mental disorder: _____

Attach additional sheet if necessary

10. The Evaluee presents a danger to the life or safety of the Evaluee or others because: _____

Attach additional sheet if necessary

11. The Evaluee has access to the following firearms/weapons: _____

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Date

Petitioner

Fax

Email

TO THE PETITIONER: You may be required to appear before the Court. You have made the statements above under penalties of perjury. If an evaluation is ordered, it would be helpful if you could accompany the evaluee to the emergency facility and provide facility authorities with all information that is pertinent to this Petition. A petitioner who, in good faith and with reasonable grounds, submits or completes the petition for emergency evaluation is not civilly or criminally liable for submitting or completing the petition.