

# APPLICATION FOR EMERGENCY ADMISSION FOR DETOXIFICATION FOR OBSERVATION AND TREATMENT

<b>Osawatomie State Hospital</b> Osawatomie, KS 66064-0500
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Patient:

(name)	(date of birth)	(sex)
(home address)	(SSN)	
(city, state, zip)	(county of residence)	
(name of spouse or nearest relative)	(telephone no.)	
(address, if different from the patient's)		

I request admission of the above named person for EMERGENCY OBSERVATION and TREATMENT upon the following circumstances: **(check and complete as applicable)**

(1)  I am **a law enforcement officer** having custody of this person pursuant to the provisions of KSA 59-29b 53, and:

I will cause to be filed a petition seeking the involuntary commitment of this person with the District Court for \_\_\_\_\_ County, not later than the close of business on \_\_\_\_\_ (date), or;

I have been informed by \_\_\_\_\_ that s/he intends to file such a petition. This individual may be contacted at: \_\_\_\_\_.

(2)  I believe this proposed patient to be a person with an alcohol or substance abuse problem subject to involuntary commitment for care and treatment (as defined in KSA 59-29b46(g) and is likely to cause harm to self or others if not immediately detained. In support thereof I state that:

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

(3)  The following criminal charges are known by me to be pending against this person: \_\_\_\_\_

none     It is unknown by me whether any criminal charges are pending against this person.

(4)  Other documentation, medical records or reports concerning this proposed patient are attached.

(5)  Other documentation, medical records or reports concerning this proposed patient may be found and consulted at: \_\_\_\_\_

\_\_\_\_\_  
 (date) X \_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (time) (printed name) (L.E.O. badge #)

\_\_\_\_\_  
 (telephone no.) (address) (city, state, zip)