

APPLICATION FOR EMERGENCY ADMISSION (FOR OBSERVATION AND TREATMENT)

Purasant to KSA 59-2954 (b) or (c)

Patient: _____
 (name) (DOB) (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:

- (1) I am a **law enforcement officer** having custody of this person pursuant to the provisions of KSA 59-2953, and:
 - I will file a petition seeking the involuntary commitment of this person with the District Court of _____ County, not later than the close of business on _____ (date), or;
 - I have been informed by _____ that s/he will file such a petition. This individual may be contacted at: _____.
- (2) I am **not** a law enforcement officer, but I am familiar with the circumstances of this patient immediately preceding this application, and I will file a petition seeking the involuntary commitment of the patient with the District Court of _____ County, not later than the close of business on _____ (date).
- (3) I believe this patient to be a mentally ill person subject to involuntary commitment for care and treatment (as defined in KSA 59-2946(f) and is likely to cause harm to self or others if not immediately detained. In support thereof I state that:
- (4) The following criminal charges are known by me to be pending against this patient:
 - None It is unknown by me whether any charges are pending against this person.
- (5) Because this application is for admission to a state psychiatric hospital, the required statement from a qualified mental health professional is attached, having been obtained at the _____ Community Mental Health Center.
- (6) Other documentation, medical records or reports concerning this patient are attached.
- (7) Other documentation, medical records or reports concerning this patient may be found and consulted at:

_____ X _____
 (date) (signature)

_____ (printed name) _____ (L.E.O. badge #)

_____ (address)

_____ (telephone no.) _____ (city, state, zip)