

Policy 713



Subject	
PETITIONS FOR EMERGENCY EVALUATION & VOLUNTARY ADMISSION	
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By Order of the Police Commissioner

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POLICY

The Baltimore Police Department (BPD) will implement a first-responder model of Crisis Intervention as a component of Baltimore City's Behavioral Health and Crisis Response Systems. The department will identify:

- Strategies for de-escalating crises and connecting persons to community resources that provide appropriate service;
- Appropriate use of hospital emergency services only after less restrictive alternatives have been considered;
- Opportunities for diversion from the criminal justice system to minimize arrests and law enforcement interactions with persons with Behavioral Health Disabilities or experiencing Crisis;
- Methods for addressing the long-term needs of persons and families in order to provide for the least police-involved response.

Members shall proceed with this policy after Policy 712, *Crisis Intervention Program*. This policy provides members with guidance on the procedures for petitioning a person for an emergency evaluation when necessary.

CORE PRINCIPLES

Community Planning and Implementation. The BPD is an important component of the Baltimore Crisis response system by effectively responding to and de-escalating incidents that pose an imminent danger to community safety and diverting persons to community resources that provide appropriate services. The BPD maintains a collaborative relationship with the behavioral health care system, persons with lived experience, and advocacy groups in order to develop, implement, and evaluate a comprehensive Crisis response system that allows for the least police-involved response for persons in Crisis consistent with community safety.

Civil Rights. Members who respond to persons with Behavioral Health Disabilities or who are experiencing Crisis shall respect their dignity, civil rights, and contribute to their overall health, safety, and welfare. Even in Crisis, persons with Behavioral Health Disabilities retain their constitutional rights, including their rights to liberty and due process. Consistent with these rights and Maryland law, a member may only detain and/or transport a person for emergency evaluation or civil commitment if they present a danger to the life and safety of themselves or others (MD Health Gen. § 10 602 a).

Members and communications dispatchers shall be trained to i). Understand the value to society of persons with disabilities residing in the community; ii). Understand the need to avoid assumptions, stereotyping, and discrimination against persons with disabilities; iii). Increase awareness of bias as it relates to interactions with persons who experience Behavioral Health Disabilities. When needed, provide reasonable modifications to persons with Behavioral Health Disabilities.

Community and Officer Safety. The BPD supports the least police-involved response necessary for persons with Behavioral Health Disabilities or in Crisis consistent with community safety. BPD will ensure that members have the training and resources to appropriately respond to persons with Behavioral Health Disabilities or experiencing Crisis, including de-escalating and

promoting peaceful resolutions to incidents, and diverting persons to community resources that provide stabilizing services.

De-Escalation. Members shall use de-escalation techniques and tactics to attempt peaceful resolution of an incident without resorting to the need for force (See Policy 1107, *De-Escalation*). While members are not expected to diagnose mental or emotional conditions, they are expected to recognize behaviors that are indicative of persons with Behavioral Health Disabilities or in Crisis. Common de-escalation techniques for responding to persons with Behavioral Health Disabilities include, but are not limited to:

- Time: Slowing down the pace of an incident.
- Distance: Maximizing space to increase reaction time.
- Cover: Moving to a safer position to decrease exposure to a potential threat.
- Communication: Interacting with a person in order to promote rational decision-making.
- Continuous assessment and application of the critical decision-making model.

Sanctity of Human Life. Members shall make every effort to preserve human life in all situations.

DEFINITIONS

Behavioral Health Disability – Primarily refers to any Mental Illness and/or Substance Use Disorders but also may be used to describe any disabling condition that impacts a person’s ability to self-regulate their thinking, mood, or behavior, including intellectual and developmental disabilities, autism spectrum disorders, and dementia. A person may be suspected of experiencing a Behavioral Health Disability through a number of factors including:

- Self-report,
- Information provided to dispatch or members directly by witnesses or informants,
- A person’s previous interaction(s) with the BPD, or
- A member’s direct observation including, but not limited to, behaviors consistent with psychiatric diagnoses, such as disorientation/confusion, unusual behavior/appearance (neglect of self-care), hearing voices/hallucinating, anxiety/excitement/agitation, depressed mood, crying, paranoia or suspicion, self-harm, and/or threatening violence towards others.

NOTE: The terms “disability” and “disorder” are often used interchangeably. In this context, the preferred term is disability.

Crisis – An incident in which a person experiences or displays intense feelings of personal distress (e.g., anxiety, depression, anger, fear, panic, hopelessness) that they are unable to address with their ordinary coping strategies and that may cause disruptions in thinking (e.g., visual or auditory hallucinations, delusions, cognitive impairment). Crisis can result from Mental Illness, a Substance Use Disorder, an intellectual or developmental disability, a traumatic event, or the effects of drugs or alcohol.

Evaluee – A person for whom an emergency evaluation is sought or made.

Mental Disorder – For purposes of this policy, and as used in Maryland Code, Health General § 10-620 (See Appendix D), a Mental Disorder refers to behavioral or other symptoms that indicate to a lay Petitioner a clear disturbance in the mental functioning of another person, and to health professionals performing an examination, at least one Mental Disorder that is described in the current version of the American Psychiatric Association’s “Diagnostic and Statistics Manual – Mental Disorders” at the time of the evaluation. Mental Disorder does not include intellectual disability.

Mental Illness – A health condition that significantly impairs a person’s thinking, mood, or behavior and may affect their ability to effectively address person, interpersonal, and social challenges.

- **Serious Mental Illness (SMI)** – a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Petition for Emergency Evaluation (Emergency Petition, EP, or Petition) – A document that allows a sworn peace officer who has contact with a person with a Mental Disorder, has observed signs, or has received information that the person is an immediate danger to themselves or others, and to take that person into custody for transport to the closest or most appropriate emergency facility for a subsequent emergency evaluation.

NOTE: The most appropriate emergency facility is the hospital where the person in Crisis is most frequently treated or is under the care of a physician.

Interested Person – A person who has reason to believe that a person has a Mental Disorder and presents a danger to the life or safety of the person or others.

Substance Use Disorder – A mental health disorder that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.

GENERAL

1. Only trained health professionals can diagnose Mental Illness. Members are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are indicative of persons affected by Behavioral Health Disabilities or in Crisis.
2. Members shall only initiate a petition for emergency evaluation if de-escalation and behavioral health resources cannot address a danger to the life and safety of the person in Crisis or others. (see Policy 712, *Crisis Intervention Program*)
3. A person that experiences a Mental Disorder and who presents a danger to themselves, or others should be evaluated by competent clinical medical health personnel. Pursuant to Maryland Code, Health General §10–622, a Petition for Emergency Evaluation may be made by any of the following persons if they have reason to believe that the Evaluatee (1) has a Mental Disorder and (2) presents a danger to the life or safety of the person or others:
 - 3.1. A physician, a psychologist, a clinical social worker, a licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, or a health officer or designee of a health officer who has examined the person;
 - 3.2. A peace officer who personally has observed the person or the person's behavior or;
 - 3.3. Any other Interested Person, through a court order.

4. Petitions should be served on the Evaluatee as soon as possible, and every effort should be made to locate the Evaluatee. Emergency Petitions expire five (5) days after being signed.
5. Peace officers and designated medical professionals may base their Petition on personal observations, and as such, most Petitions for Emergency Evaluation may be obtained before the Evaluatee is presented to medical personnel to be evaluated. Additionally, peace officers need only to observe the Evaluatee and not the dangerous behavior.
6. Other information obtained by the peace officer may be relevant and support a Petition, such as credible and reliable reports by family members or Interested Persons of an Evaluatee's dangerous behavior, the Evaluatee's history of serious Mental Disorders, or evidence that the Evaluatee has been violent or destroyed property.
7. A peace officer who in good faith and with reasonable grounds acts as a custodian of an emergency Evaluatee is not civilly or criminally liable for submitting or completing the Petition.
8. The peace officer shall explain to the Interested Person seeking the Emergency Petition:
 - 8.1. The serious nature of the petition; and
 - 8.2. The meaning and content of the petition.

DIRECTIVES

Completing Petitions for Emergency Evaluation

9. When seeking an Emergency Petition of a person displaying behaviors consistent with Mental Disorder or Crisis **and** demonstrating a danger to themselves or others, members shall:
 - 9.1. First use crisis intervention strategies set forth in Policy 712, including de-escalation and utilizing behavioral health resources including Mobile Crisis Teams (MCT), prior to initiating any petition for emergency evaluation. These strategies include:
 - 9.1.1. De-escalating and avoiding escalation when interacting with persons with behavioral health disabilities;
 - 9.1.2. Utilizing and referring persons with disabilities to community-based resources, including MCTs dispatched through the direct line for law enforcement and EMS personnel.
 - 9.2. Complete a Petition for Emergency Evaluation (Appendix A), a Certification by Peace Officer Form (Appendix B), an Incident Report entitled "Emergency Petition."

NOTE: During the completion of Appendix B, Certification by Peace Officer, members shall check two of the four boxes appearing in the sentence that states: "I have personally observed the Evaluatee or Evaluatee's behavior **and** based on the observation or other information have reason to believe that the Evaluatee has a Mental Disorder and presents a danger to the life or safety of the Evaluatee or others."

- 9.3. Include in the narrative sections of the Petition for Emergency Evaluation and the Incident Report:
 - 9.3.1. The totality of the circumstances that caused the issuance of the Petition.
 - 9.3.2. Behavior observed by officer and witnesses, including verbal statements, which indicate a person is a danger to the safety of themselves or others.
 - 9.3.3. The presenting behavior indicative of a Mental Disorder, including but not limited to, statements made by Evaluatee and/or heard by persons on the scene, behavior observed by the member and/or report of behaviors witnessed by persons on the scene.
 - 9.3.4. Any previous history of a Behavioral Health Disability, psychiatric hospitalization, and/or treatment that has become a part of the member's knowledge, including prescribed medication.
 - 9.3.5. Strategies set forth in Policy 712, *Crisis Intervention Program*, to deescalate and connect the person to voluntary community-based services in lieu of completing a Petition for Emergency Evaluation.
- 9.4. A member shall prepare a Petition for Emergency Evaluation package to include:
 - 9.4.1. A photocopy of the signed petition (Appendix A).
 - 9.4.2. A photocopy of the Incident Report.
 - 9.4.3. Any other documents generated as a result of the issuance of the petition.
- 9.5. If the elements of an Emergency Petition are present, and the member has an articulable reason to believe that the person possesses a firearm, members may seek an Extreme Risk Protective Order (ERPO) from the District Court or Court Commissioner to seize the firearm and ensure the safety of the person and the public. (see Policy 1122, *Extreme Risk Protective Orders – Firearms*)

Serving Petitions for Emergency Evaluation

10. When given a signed petition for service, members shall:
 - 10.1. Respond promptly to the location of the Evaluatee with the Petition.
 - 10.2. Take the Evaluatee into custody and have the person transported to the **closest or most appropriate** emergency facility (See Appendix E, EP Hospital Map by Post) or to the medical facility directed by the physician or health officer following the above procedures for Evaluatees in custody. To the extent practicable, the member must notify the emergency facility in advance that they are bringing an Evaluatee to the facility.
 - 10.3. When an Evaluatee is in custody, a member shall ensure that the person is safely transported, along with any appropriate medications or medical devices (See Policy 1114, *Persons in Police Custody*).

- 10.4. When custody of the Evaluatee has been assumed by the emergency medical facility, a member is no longer responsible for the Evaluatee.
- 10.5. If the Evaluatee also has criminal charges pending, the member shall transport the Evaluatee in accordance with Policy 1114, *Persons in Police Custody*.
- 10.6. If a physician, physician's assistant, nurse practitioner, or other advanced practice professional employed or under contract with the facility requests the member's assistance because the Evaluatee is violent, the member shall contact their supervisor when practicable, who will then determine the need for assistance. This request, and the supervisor's determination, shall be noted in the Incident Report.
- 10.7. If the Evaluatee cannot be located during a member's shift, give the Petition to the Shift Commander of the next shift to attempt service of the Petition. Members shall continue this process until the Petition is served or expires.

Emergency Petition Based on Personal Observation

11. When a member personally observes that a person has a Mental Disorder and presents a danger to the life or safety of the person or others, the member shall:
 - 11.1. Ask the person to seek a voluntary evaluation and, if the member obtains the person's consent, the person shall be transported to the nearest or most appropriate emergency facility.
- NOTE:** If the person consents to a voluntary evaluation, the member should not prepare a Petition for Emergency Evaluation package.
- 11.2. Ensure that the Interested Person meets the member at the emergency facility, providing transportation when needed.
 - 11.3. Follow the procedures explained above for a Petition for Emergency Evaluation if the Evaluatee refuses to voluntarily submit to the evaluation.

NOTE: When acting as the Petitioner, members are reminded to consider the totality of the circumstances, including the reasonable accuracy and truthfulness of the Interested Person, the physical evidence, and additional witness observations.

Emergency Petition Based on a Credible Source

12. When an Interested Person/Petitioner has reason to believe that an Evaluatee has a Behavioral Health Disability and presents a danger to the life or safety of themselves or others, and the Evaluatee has left the scene prior to the member's arrival, the member shall refer and/or transport the Interested Person/Petitioner to:
 - 12.1. The Court Clerk's Office in the Borgerding (Wabash), Eastside, or Circuit Court Buildings, where the Petitioner may file a Petition for Emergency Evaluation and present it to a judge, if the Evaluatee is an adult.

- 12.2. The Court Commissioner's Office, if outside of normal business hours.
- 12.3. If a judge refuses to sign the Petition, no further action shall be taken.

Emergency Petition Based on the Advice of a Mental Health Professional

13. When a physician, psychologist, clinical social worker, licensed clinical professional counselor, or health officer or designee provides a member with a signed Petition for Emergency Evaluation for service within Baltimore City, the member shall explain to the Petitioner:
 - 13.1. The serious nature of the Petition.
 - 13.2. The meaning and content of the Petition.
 - 13.3. That the Petitioner must contact the appropriate jurisdiction for service of the Petition if the location of the Evaluatee is outside of Baltimore City.

NOTE: A judge's signature is not required when the Emergency Petition has been endorsed by the above mental health professionals.

Emergency Petition Pursuant to Court Order

14. When the Petition is endorsed by the court, the member shall:
 - 14.1. Ensure that the Petition for Emergency Evaluation has been signed by a judge within the last five (5) days.
 - 14.2. After service of the Petition for Emergency Evaluation (Appendix A), complete the Return of Service by Peace Officer (Appendix C) form and submit it along with other requisite reports through official channels.

After Hours Emergency Petitions

15. If the Petitioner has responded directly to the Court Clerk's Office or Court Commissioner's Office to obtain an emergency evaluation, the Court Commissioner will contact the Communications Shift Commander to have a member respond to 1 N Charles St. upon receiving such a call.
 - 15.1. Members shall respond immediately,
 - 15.2. Members shall attempt service of the Petition, retaining the original copy.
 - 15.3. Members shall return the Petition to the member's supervisor for re-distribution, if not served during the member's shift.

Interactions with Youth

16. For incidents involving youth and children that require an Emergency Petition whether through member observation, Interested Person, or court order, members shall adhere to the same procedures listed above. Members are reminded of the following youth-specific guidelines of the Department:

- 16.1. Members shall employ trauma-informed and developmentally-appropriate tactics including – but not limited to – using a calm and natural demeanor and avoiding threatening language when interacting with children and youth.
 - 16.2. A Juvenile Custody Report, Form 83/11, must accompany all other reports for youth Evaluatees.
 - 16.3. If a youth 16 years of age or older is in mental health Crisis and wants mental health treatment, the youth does not need an emergency petition to receive treatment. A person 16 years of age or older may apply for voluntary admission. The member should not prepare a Petition for Emergency Evaluation package.
 - 16.4. Members shall inform a parent or guardian of a minor under 16 years of age that they may apply for admission of that minor without filing an Emergency Petition.
- NOTE:** A government agency, such as the Department of Social Services, cannot seek voluntary admission for a child in its custody. Thus, a minor in foster care may only be admitted to a psychiatric emergency facility via Emergency Petition.
- 16.5. Members shall refer Petitioners/Interested Persons to the Juvenile Court Clerk's Office, 300 N. Gay Street, if the Evaluatee has left the scene prior to the member's arrival. Members may provide transportation if requested.
 - 16.6. If a youth or child Evaluatee is taken into police custody, members shall transport the Evaluatee to the closest or most appropriate emergency facility or to the medical facility directed by the physician or health officer. Youth should be transported in accordance with Policy 1202, *Interactions with Youth*.

Transporting and Handcuffing

NOTE: Unless otherwise specified, this section is applicable to all methods of serving emergency petitions, transporting persons who are subject to an emergency petition (including by a BPD member, where other approaches as outlined in this policy and Policy 712 have not succeeded), transporting persons voluntarily to an emergency facility, and transporting youth to an emergency facility.

17. The preferred manner of transportation to an emergency facility for persons seeking a voluntary evaluation or other voluntary care is through a MCT or the Crisis Response Team (CRT). However, Members may transport voluntary Evaluatees and others seeking voluntary care in their departmental vehicle to an emergency facility.
 - 17.1. If a MCT is not readily available, or the person refuses a MCT, or neither police nor MCT transport is appropriate, then a member has the discretion to contact BCFD to request an EMS transport for a person who, in the member's judgment, consistent with the principles of this policy, would be better served by non-BPD transport. For instance, in cases where the person has co-existing medical issues requiring emergent intervention or has preexisting conditions that would prohibit police or MCT from transporting safely, EMS transport may be more appropriate. For someone with a history of trauma or other mental health concerns associated with police contact, an EMS transport may help de-

escalate the situation, making this transport a reasonable accommodation to the needs of a person with a disability.

- 17.2. If the CRT or a MCT is present on scene, members shall request that they transport the voluntary Evaluatee when safe to do so. If not on scene, members shall first request an MCT by using the direct line for law enforcement and EMS personnel, consistent with Policy 712, and then request the CRT via Citywide channel, if available. Members may use their discretion, as informed by additional resource (e.g., CRT and MCT) availability and the duration of travel when deciding to transport a voluntary Evaluatee to an emergency facility.
18. Members shall consider the totality of the circumstances when determining whether to use handcuffs when transporting a person to the emergency facility, as handcuffs may trigger a traumatic response (See Policy 1739, *Reasonable Accommodations for Interactions with The Public*). This includes whether less restrictive measures have been considered but are not viable, and whether handcuffs are necessary to ensure safe transport.
- 18.1. When it is objectively reasonable under the totality of the circumstances, members may use handcuffs on a person whom they are transporting to an emergency facility, including youth.
- 18.2. Use of handcuffs shall be explained to the Evaluatee being handcuffed and (if relevant) to the parent/family member in a tactful manner, using age-appropriate language for youth (See Policy 1202, *Interactions with Youth*).
19. Members shall conduct a weapons pat-down of an Evaluatee, and have the person transported to the closest or most appropriate emergency facility.
- 19.1. The purpose of the pat-down shall be explained to the Evaluatee and (if relevant) to the parent/family member in a tactful manner, using age-appropriate language.

REQUIRED ACTION

Supervisors

20. Permanent-rank supervisors shall:
- 20.1. When requested, supervise the service of Petitions for Emergency Evaluation.
- 20.2. When additional police assistance is requested by the medical physician/staff, determine the need for assistance, and if the Evaluatee is violent, have the member(s) stay at the medical facility until the Evaluatee is examined.
- 20.3. Ensure that Petitions issued from the court are assigned to the appropriate member for service and that the Return of Service by Peace Officer (Appendix C) is forwarded to the Administrative Lieutenant/Sergeant, following service.
- 20.4. If the Evaluatee cannot be located during a member's shift, give the Petition to the Shift Commander of the next shift to attempt service of the Petition. Members shall continue this process until the Petition is served or expires.

Administrative Lieutenant/Sergeant

21. District Administrative Lieutenants/Sergeants shall:
- 21.1. Ensure that the Petition package, including behavioral health reporting form, has been completed and forwarded to the Central Records Unit.
 - 21.2. Forward the completed Return of Service by Peace Officer (Appendix C) to the District Court Clerk at the courthouse where the Petition originated.

Records Management System

22. Members shall ensure that the Petition package is stored as one entire package and maintained for 42 months. This time period shall begin on the day the package is received at the Records Management System.

APPENDICES

- A. Petition for Emergency Evaluation (Form CC-DC-013)
- B. Certification by Peace Officer Form (Form CC-DC-014)
- C. Return of Service by Peace Officer (Form CC/DC 27)
- D. Maryland Health – General Section 10-620
- E. EP Hospital Map (by Post)
- F. EP Flow Chart: Who Responds to People with SMI that are Experiencing Crises

REFERENCED POLICIES

- Policy 503, Transportation of Passengers in Departmental Vehicles
- Policy 712, Crisis Intervention Program
- Policy 1107, De-Escalation
- Policy 1114, Persons in Police Custody
- Policy 1115, *Use of Force*
- Policy 1122, Extreme Risk Protective Orders - Firearms
- Policy 1202, Interactions with Youth
- Policy 1739, Reasonable Accommodations for Interactions with The Public

RESCISSION

Remove and destroy/recycle Policy 713, *Petition for Emergency Evaluations & Voluntary Admission* dated 4 June 2025.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDIX A: Petition for Emergency Evaluation, Page 1 (Form CC-DC-013)



MARYLAND
JUDICIARY

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Court Address _____ Case No. _____

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 _____ and in support of this petition states as follows:

Name of Person to be evaluated (Evaluee)

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 evaluee, then the petitioner's specialty is _____ and the petitioner's license number is _____
 Relationship to or interest in evaluee _____
2. Evaluee: 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 evaluee:
 Name _____ Relationship _____
 Address _____
 Home Phone _____ Work Phone _____
4. A petition for emergency evaluation of the evaluee was filed previously on _____ Date _____
 and was granted denied.
5. The evaluee has been hospitalized in the past at the following facilities:

When	Where	Diagnosis
_____	_____	_____
_____	_____	_____
6. The evaluee currently is receiving psychiatric treatment from:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
7. The evaluee has been prescribed the following medication for their mental disorder: _____
8. The evaluee is is not taking the medication as prescribed OR I do not know whether the evaluee is taking medication as prescribed.
9. The evaluee is demonstrating the following behavior that leads me to conclude that they currently have a mental disorder: _____
(Attach additional sheets if necessary)
10. The evaluee presents a danger to the life or safety of the evaluee or others because: _____
(Attach additional sheets if necessary)
11. The evaluee has access to the following firearms/weapons: _____
(Attach additional sheets if necessary)

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

 Date

 Petitioner

 Fax _____ E-mail _____

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.

CC-DC-013 (Rev. 10/2020)

Reset

APPENDIX A: Petition for Emergency Evaluation, Page 2 (Form CC-DC-013)

	<input type="checkbox"/> CIRCUIT COURT <input type="checkbox"/> DISTRICT COURT OF MARYLAND FOR _____ City/County	
Located at _____ Court Address	Case No. _____	
In the Matter of _____		
ENDORSEMENT AND ORDER REGARDING PETITION FOR EMERGENCY EVALUATION		
In the matter of the emergency evaluation of _____ (Case No. _____), the petitioner having presented to the court and the court having reviewed the petition and considered all pertinent data presented, the court:		
<input type="checkbox"/> Finds probable cause to believe that the named individual (evaluee) has shown the symptoms of a mental disorder and presents a danger to the life or safety of the evaluee or others and, therefore, ORDERS that any peace officer take into custody and transport the evaluee to the nearest emergency facility, for examination by a physician within six hours after arrival at the facility and, if in the physician's opinion necessary, for emergency care and treatment; provided that the facility may not keep the evaluee for more than 30 hours under this order but is not precluded from voluntary or involuntary admission in accordance with Maryland Code, Health-General Article.		
<input type="checkbox"/> Denies the petition, finding no probable cause.		
Date	Judge	ID Number
A. Duties of Peace Officer		
1. Caution to petitioner. A peace officer shall explain to a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, who presents a petition to the peace officer:		
a. the serious nature of the petition; and b. the meaning and content of the petition.		
2. Delivery to Facility. To the extent practicable, a peace officer shall notify the emergency facility in advance that the peace officer is bringing an emergency evaluee to the emergency facility. A peace officer shall bring an evaluee to the nearest emergency facility if the officer has a petition that:		
a. has been endorsed by a court within the last five (5) days; or b. is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, or a health officer or designee of a health officer, or peace officer.		
3. Documentation of Delivery. A peace officer shall complete a Return of Service by Peace Officer form (CC-DC-027) and have an agent for the emergency facility sign the form.		
4. Remaining with Evaluee.		
a. After a peace officer brings an evaluee to an emergency facility, the officer need not stay unless, because the evaluee is violent, emergency facility personnel asks the supervisor of the peace officer to have the peace officer stay.		
b. A peace officer shall stay until the officer's supervisor responds to the request for assistance.		
5. Return of Service. A peace officer shall file a completed Return of Service with the court issuing the Endorsement and Order immediately after an evaluee is delivered to an emergency facility or immediately after expiration of the five-day period for taking the evaluee into custody.		
B. Duty of Supervisor. A supervisor shall allow a peace officer to stay with a violent evaluee.		
C. Duties of Emergency Facility		
1. Documentation of Delivery. An agent of the emergency facility shall sign the Return of Service by Peace Officer form completed by a peace officer transporting an evaluee to the facility.		
2. Examination. If emergency facility personnel ask that a peace officer stay, a physician shall examine the evaluee as promptly as possible to determine whether the evaluee meets the requirements for involuntary admission. In any event, a physician shall examine an evaluee within six (6) hours after an officer brings the evaluee to the facility.		
3. Release or Admission. Promptly after an examination, an evaluee shall be released unless the evaluee:		
a. asks for voluntary admission; or b. meets the requirements for involuntary admission.		
4. Detention Period. An emergency evaluee may not be kept at an emergency facility for more than thirty (30) hours.		
CC-DC-013JO (10/2020)		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Reset</div>

APPENDIX B: Certification by Peace Officer (Form CC-DC-014)

CERTIFICATION BY PEACE OFFICER

I am a sheriff, deputy sheriff, State police officer, county police officer, municipal or other local police officer, or Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to _____ (Evaluatee), I have personally observed the Evaluatee or Evaluatee's behavior and, based on the observation or other information, have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluatee to _____ (emergency facility) for evaluation.

Date and Time Peace Officer

Department ID Number

CERTIFICATIONS BY OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER

I am a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, health officer or designee of a health officer. I have examined _____ (Evaluatee). Based on the examination or other information, I have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluatee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

Date and Time Physician or other Qualified Person under HG § 10-622

License No.

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

Date Peace Officer

Department ID Number

Reset

APPENDIX C: Return of Service by Peace Officer (Form CC/DC 27)

CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Case No.: _____
Court Address

IN THE MATTER OF THE EMERGENCY EVALUATION OF: _____

RETURN OF SERVICE BY PEACE OFFICER

I HEREBY CERTIFY that on the _____ day of _____, 20____,

I took into custody the Emergency Evaluee, _____ Name

and transported him/her to _____ Emergency Facility

at _____ o'clock _____ M.

I could not locate and transport the above listed Emergency Evaluee to an emergency facility within five (5) days of the Court's Endorsement and Order.

Officer's Signature

Officer's Printed Name and ID Number

Law Enforcement Agency

RECEIPT

The Emergency Evaluee was transported to the emergency facility on the date and time indicated above.

Signature of Agent for Emergency Facility

Agent's Printed Name

CC/DC 27 (Rev. 2/95) RETURN OF SERVICE MUST IMMEDIAQTELY BE FILED WITH THE COURT.

APPENDIX D: Maryland Health – General Section 10-620

**2021 Maryland Statutes
Health - General
Title 10 - Mental Health Law
Subtitle 6 - Admission Provisions
Part IV - Emergency Evaluations
Section 10-620 - Definitions**

Universal Citation: [MD. Health - General Code Ann. § 10-620 \(2021\)](#)

- (a) In Part IV of this subtitle the following words have the meanings indicated.
- (b) "Court" means a district or circuit court of this State.
- (c) "Emergency evaluatee" means an individual for whom an emergency evaluation is sought or made under Part IV of this subtitle.
- (d) (1) "Emergency facility" means a facility that the Department designates, in writing, as an emergency facility.
- (2) "Emergency facility" includes a licensed general hospital that has an emergency room, unless the Department, after consultation with the health officer, exempts the hospital.
- (e) "Emergency facility personnel" means a physician, physician assistant, nurse practitioner, or other advanced practice professional employed or under contract with the emergency facility.
- (f) (1) "Mental disorder" means the behavioral or other symptoms that indicate:
- (i) To a lay petitioner who is submitting an emergency petition, a clear disturbance in the mental functioning of another individual; and
- (ii) To the following health professionals doing an examination, at least one mental disorder that is described in the version of the American Psychiatric Association's "Diagnostic and Statistical Manual – Mental Disorders" that is current at the time of the examination:
1. Physician;
 2. Psychologist;
 3. Clinical social worker;
 4. Licensed clinical professional counselor;
 5. Clinical nurse specialist in psychiatric and mental health nursing (APRN/PMH);
 6. Psychiatric nurse practitioner (CRNP-PMH); or
 7. Licensed clinical marriage and family therapist.
- (2) "Mental disorder" does not include intellectual disability.
- (g) "Peace officer" means a sheriff, a deputy sheriff, a State police officer, a county police officer, a municipal or other local police officer, or a Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

APPENDIX E: EP Hospital Map (by Post)

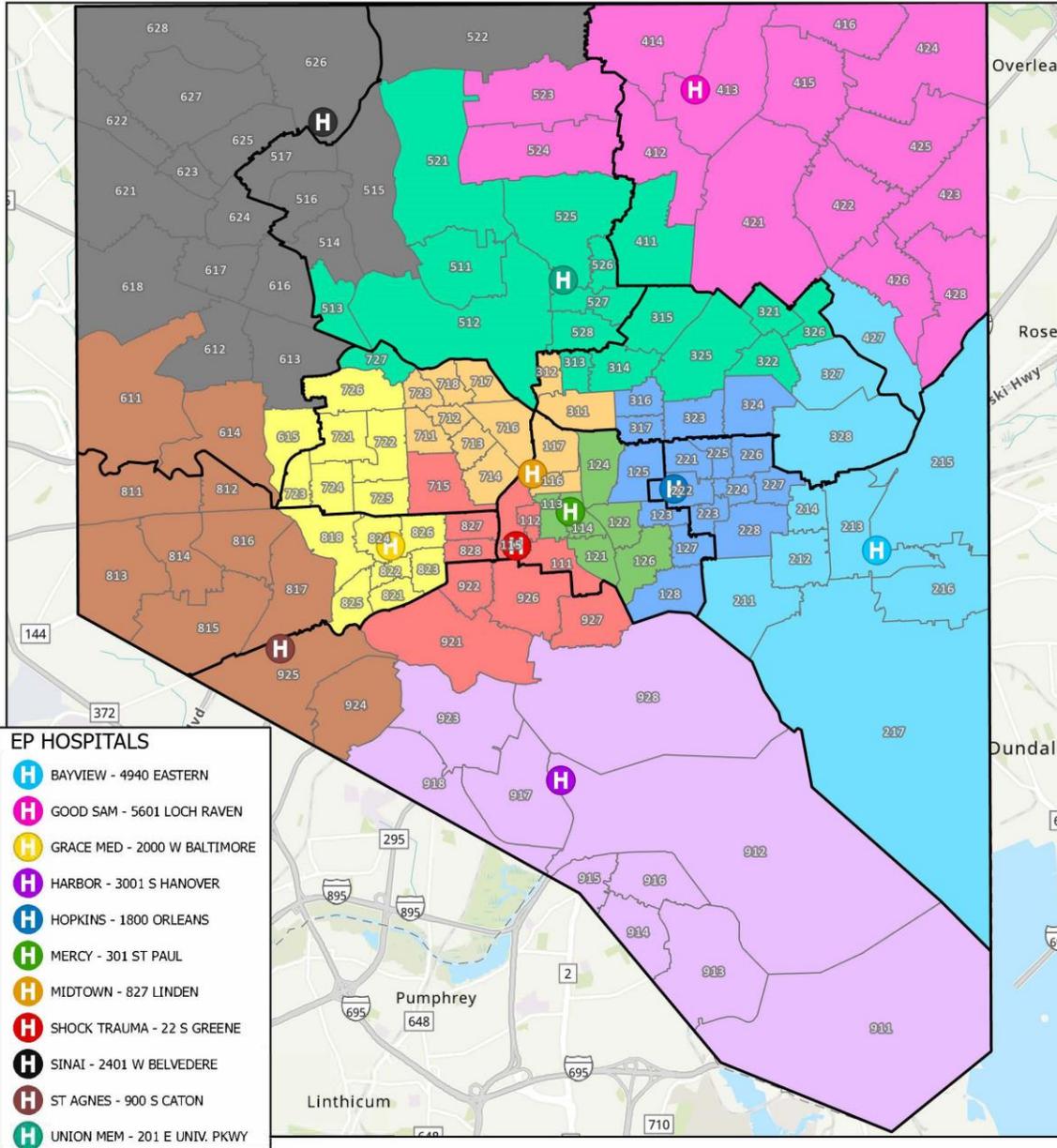


BALTIMORE POLICE DEPARTMENT

DATA-DRIVEN STRATEGIES DIVISION



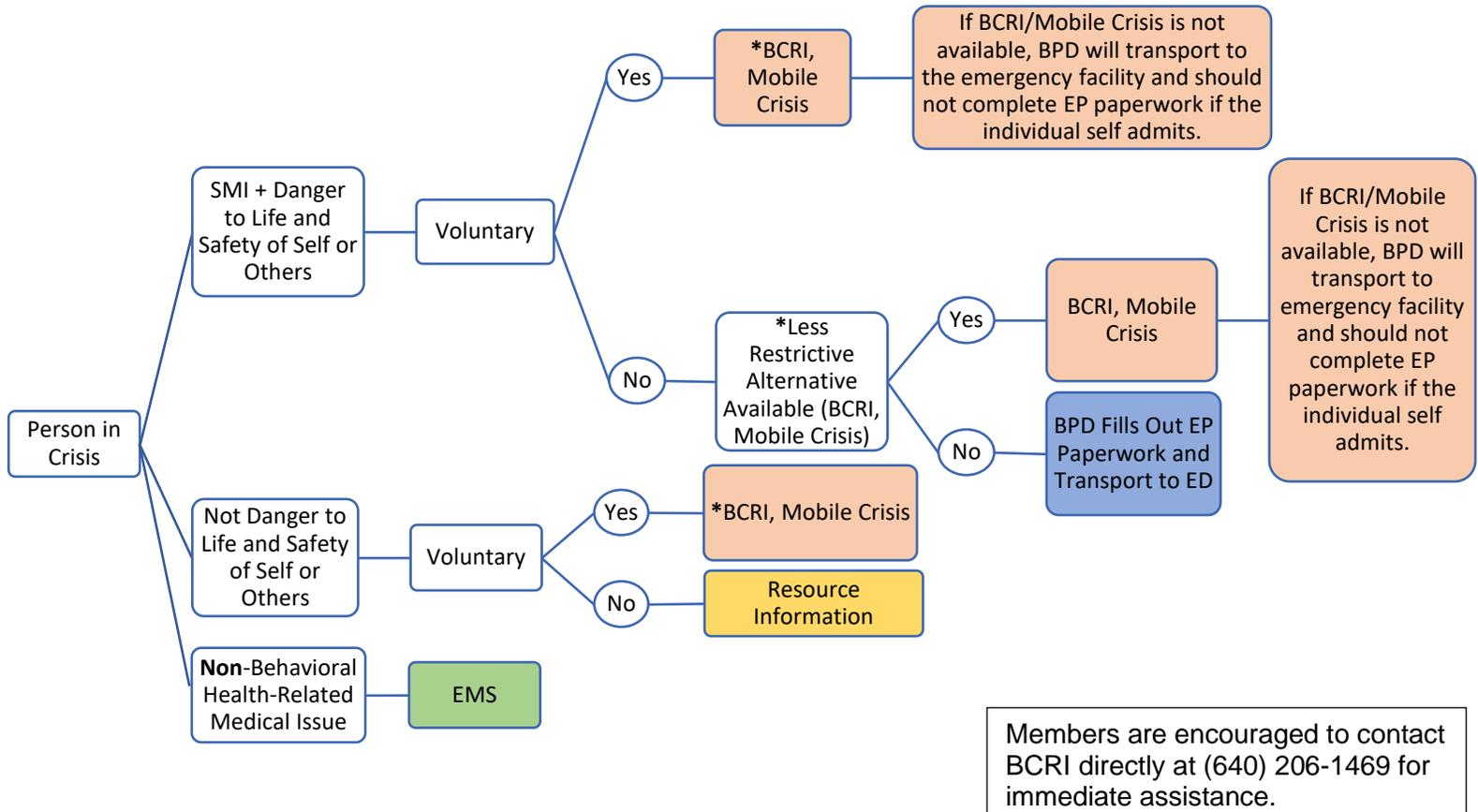
EP HOSPITALS BY POST



Author: Madelyn Grebe

Prepared by BPD Data Driven Strategies Division

APPENDIX F: EP Flow Chart: Who Responds to People with SMI Experiencing Crises



* The BPD member has the discretion to contact BCFD to request an EMS transport for a person who, in the member’s judgment, consistent with the principles of this policy, would be better served by non-BPD transport. For instance, in cases where the person has co-existing medical issues requiring emergent intervention or has preexisting conditions that would prohibit police or MCT from transporting safely, EMS transport may be more appropriate. For someone with a history of trauma or other mental health concerns associated with police contact, an EMS transport may help de-escalate the situation, making this transport a reasonable accommodation to the needs of a person with a disability.