MH Involuntary Psychiatric Hospitalization Due Process Committee Involuntary Psychiatric Hospital Admission Review

Offender's Information:

Offender's Name:	ID#:
Referring Facility:	Date of Referral:
Offender's Advocate (name/title):	
Offender's Attorney (name if present):	
State's Advocate (name/title):	
Witness(es) (Name/title of presenter questioned):	
(name/title):	
(name/title):	
Committee Members:	
(name/title):	
(name/title):	
(name/title):	
Hearing Officer:	
Signature/Title:	Date/Time:
Mental Health Committee Member:	
Signature/Title:	Date/Time:
Medical Committee Member:	
Signature/Title:	Date/Time:
Offender Name/Signature:	I.D. #:
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Retention Schedule: Completed forms will be given to the Psychiatric Hospital (original), a copy will be given to the offender, and a copy will be placed in the offender's mental health file (section 5) and medical file (section 5). At the end of the offender's need for mental health services and/or sentence, the mental health file will be placed within the offender's health record and retained for 10 years.

No

Yes

	g Officer Signature	Date	
Note:	If criteria #1 and/or #2 are marked yes, then involuntary psychiatric h	ospitalization is justį	fied.
cuiii	tent Committee Reasons for the above decisions.		
) (lim	ent Committee Reasons for the above decisions:		
	health and safety as to create an imminently life endangerisis.	ering	
	of life AND the offender is unable to care for their own phy	vsical	
2.	mood which significantly impairs judgment, behavior, cap to recognize reality or ability to cope with the ordinary dem	* I	
	The offender is mentally ill, that is, has a disorder of thoug	'	
	or recent expressed threats which present a probability of into themselves or to others.	njury	
	harm to themselves or others as manifested by recent over		
	to recognize reality or ability to cope with the ordinary dem of life AND the offender presents a substantial risk of imm		
	mood which significantly impairs judgment, behavior, cap	acity	

Criteria

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