



Timothy Collins, MD
Coroner

Steven Clanton
Chief Deputy Coroner

State of Louisiana
Office of the Coroner ✪ Parish of Natchitoches

Statement Continued: _____

Name of person(s) believed to be in danger: _____

Has this person been committed before? YES NO UNKNOWN

If yes, how many times and where: _____

What was the situation then? (Please Explain):

Has this person been encouraged to see treatment: YES NO

If yes, list specific facility and/or physician that have been contacted in order to obtain examination: _____

Is this person willing to seek help or accept treatment voluntarily? YES NO UNKNOWN

Is this person on any medication? YES NO UNKNOWN

Does this person take the medication as prescribed? YES NO UNKNOWN

If YES, what kind? (Please list if known): _____

Does this person abuse the use of alcohol or drugs? YES NO UNKNOWN

If YES, which one? ALCOHOL DRUGS BOTH

How often and what kind of alcohol/drugs do they abuse: _____

Please note that **if the person meets the requirements for an order of protective custody**, they will be transported to Louisiana State University Health Sciences Center Shreveport or Natchitoches Regional Medical Center for an evaluation and/or treatment unless prior arrangements are made and verified by this office. Orders of Protective Custody are served by the Natchitoches Parish Sheriff's Office or local law enforcement. Orders are valid for 72 hours from time and date of issuance, after that time frame a new request must be made with new or ongoing information.

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NOTICE OF IMPROPER COMMITMENT
PLEASE READ CAREFULLY AND SIGN

I, the undersigned individual, hereby certify that I understand all of the information that I have provided to a representative of the Natchitoches Parish Coroner's Office in this matter pertaining to the aforementioned individual, is true and correct to the best of my knowledge and this is a matter of *public record*. Public records are available to any person, requesting same.

As per Louisiana Revised Statute: 28:181 Improper Commitment

Any person who, alone or in conspiracy with others, unlawfully, willfully, maliciously, and without reasonable cause, commits or attempts to commit to any mental institution any person not sufficiently ill to require care shall be fined not more than one thousand dollars, or imprisoned for not more than one year, or both. Amended by Acts 1954, No. 701, §1

As per Louisiana Revised Statute: 28:2

(3) "*Dangerous to others*" means the condition of a person whose behavior or significant threats support a reasonable expectation that there is a substantial risk that he will inflict physical harm upon another person in the near future.

(4) "*Dangerous to self*" means the condition of a person whose behavior, significant threats, or inaction supports a reasonable expectation that there is a substantial risk that he will inflict physical or severe emotional harm upon his own person.

(11) "*Grave disability*" means the condition of a person who is unable to provide for his own basic physical needs, such as essential food, clothing, medical care, and shelter, as a result of serious mental illness or substance abuse and is unable to survive safely in freedom or protect himself from serious harm; the term also includes incapacitation by alcohol, which means the condition of a person who, as a result of the use of alcohol, is unconscious or whose judgment is otherwise so impaired that he is incapable of realizing and making a rational decision with respect to his need for treatment.

I understand the above written laws regarding the penalty of improper commitment and that any false information provided will subject me (petitioner) to criminal prosecution.

SIGNATURE

DATE AND TIME

WITNESS (SIGN AND PRINT)

DATE AND TIME

If not witnessed and signed in the office, it must be notarized by a notary public. Please have ID ready for verification of identity.

FOR OFFICE USE ONLY

Treatment Facility: _____ University Health _____ NRMC _____ Other: _____

OPC Issued: YES NO

If NO, why not? _____

Referral Made? YES NO To Where? _____

Investigator Name: _____ Date: _____