

Emergency Detention--IC 12-26-5-0.5

Subject Name:	Age:	DOB:	Sex:	Race:	SSN:
Home Address:			Subject transported to:		
Name of person transporting:					
Location of incident:					

Officer believes subject above suffers from:

A psychiatric disorder (mental illness): Yes No If Yes, what disorder? _____

Substance Abuse / Addiction: Yes No other/specify: _____

and is a danger to him/her self and or others and in need of immediate hospitalization.

Describe in detail harmful acts or threats of harmful acts which indicate the person is dangerous to self or others.

Please indicate any further details that you feel are important. (weapons in home, etc.)

Relatives/Contact Person(s): Name/Address/Phone Numbers

Witnesses/Reporting Person(s): Name/Address/Phone Number (if other than above)

Nature of incident: (Check all that apply)	Threats/Violence/Weapons	Complainant Relationship (check)
<input type="checkbox"/> Criminal Charges (list): <input type="checkbox"/> Disorderly/disruptive behavior <input type="checkbox"/> Drug-related offense <input type="checkbox"/> Neglect of self care <input type="checkbox"/> Nuisance (loitering, panhandling, trespassing, etc) <input type="checkbox"/> Public Intoxication <input type="checkbox"/> Suicide threat or attempt <input type="checkbox"/> Subject complaint <input type="checkbox"/> Theft/other property crime <input type="checkbox"/> Threats of violence to others <input type="checkbox"/> Welfare check <input type="checkbox"/> No informaton <input type="checkbox"/> Other specify below:	Did the detained subject brandish a weapon during police interview? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Type of weapon (check all that apply) <input type="checkbox"/> Knife <input type="checkbox"/> Gun <input type="checkbox"/> Other/specify: _____ Did the detained subject threaten violence toward another person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ Did subject injure or attempt to injure self: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Self <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Sibling <input type="checkbox"/> Friend/acquaintance <input type="checkbox"/> Business Owner <input type="checkbox"/> Other Family member <input type="checkbox"/> Other <input type="checkbox"/> Police observation <input type="checkbox"/> Unknown Prior Contacts Prior Police Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Repeat call (within 24 hrs.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify: _____ Medication compliance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Specify medication if known: _____

Behaviors evident: at time of incident (check all that apply)	Injuries
<input type="checkbox"/> Disorientation/confusion <input type="checkbox"/> Delusions (specify below if known) <input type="checkbox"/> Hailucinations (specify below if known) <input type="checkbox"/> Disorganized speech <input type="checkbox"/> Manic (elevated/expansive mood, inflated self esteem, pressure speech, flight of ideas, distractible) <input type="checkbox"/> Depressed (sadness, loss of interest in activities, loss of energy, feelings of worthlessness) <input type="checkbox"/> Unusually scared or frightened <input type="checkbox"/> Belligerent or uncooperative (angry or hostile) <input type="checkbox"/> Other specify:	Officer injured: <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of injury? _____ Patient injured: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior to officer arrival: <input type="checkbox"/> Yes <input type="checkbox"/> No Injured during police intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____ _____ Nature of injury? _____

Date:	Time of Call:	Time at scene:	Time finished call:
Case #	CAD #		
Officer's Name:		Officer's Signature:	