

**LAW ENFORCEMENT STATEMENT
IN SUPPORT OF EMERGENCY DETENTION AND TRANSPORT
Pursuant to Ind. Code § 12-26-5-0.5**

1. Name of person detained: _____
2. Home address of person detained: _____
3. Place where person was located (if different than home address): _____

4. Facility person was transported to: _____
5. Date/time person was admitted to the facility: _____
6. Attestation:

I am a law enforcement officer in Indiana, and I have reasonable grounds to believe that the person named above is mentally ill due to:

- ___ intellectual disability,
- ___ alcoholism,
- ___ addiction to narcotics or dangerous drugs,
- ___ temporary impairment as a result of alcohol or drug use, or
- ___ other psychiatric disorder that substantially disturbs the individual's thinking, feeling, or behavior and impairs the individual's ability to function,

and the person named above is:

- ___ dangerous to self,
- ___ dangerous to others,
- ___ gravely disabled,

and the person named above is in immediate need of hospitalization and treatment for the following reasons:

Date/Time

Officer's Printed Name/Department

Officer's Signature

THIS STATEMENT SHALL BE FILED WITH INDIVIDUAL'S RECORDS AT THE FACILITY,
AND WITH THE COURT IF CRIMINAL CHARGES ARE FILED.