

NOTICE TO A MINOR HELD OR IN CUSTODY UNDER THE INVOLUNTARY
EMERGENCY COMMITMENT PROCEDURES

PLEASE TAKE NOTICE:

You have been placed on a 24 hour mental illness hold.

You are hereby notified that you have the right to immediately contact his parent, guardian, legal custodian, or other persons of his choosing and to immediately contact and be represented by counsel;

You are further notified that you will be examined by a qualified mental health professional, designated by the chair of the county board of mental illness, within twenty-four hours after being taken into custody to determine whether custody should continue; and

The right, if custody is continued, to an independent examination and to a hearing within five days after being taken into custody, within six days if there is a Saturday, Sunday, or holiday within that time period, or within seven days if there is a Saturday, Sunday, and holiday within that time period.

You are further notified that the costs of any post-commitment treatment, medication, compensation for the attorney appointed to represent the person in any appeals proceedings, an additional examination requested by the person pursuant to § 27A-11A-9, and a certified transcript or tape of proceedings requested by the person pursuant to § 27A-11A-2 are that person's responsibility and that a lien for the amount of these costs may be filed upon the person's real and personal property to ensure payment.

I hereby acknowledge that the above Notice was read to me and that I received a copy of this Notice on the _____ day of _____, 20____ at _____ AM / PM.

Signature of person placed on hold

OR

I hereby certify that I read the above Notice to and that a copy of this was given to the above named person placed on a hold on the _____ day of _____, 20____ at _____ AM / PM.

Signature and Title of person placing the hold

Original: Patient

Copy: Parent/Guardian

Chair of County Board Mental Illness

Inpatient Facility