

**NOTICE TO AN ADULT HELD OR IN CUSTODY
UNDER THE INVOLUNTARY EMERGENCY COMMITMENT
PROCEDURES
(SDCL 27A-10-5)**

NAME: _____

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 A PERSON OF YOUR 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 CHAIRPERSON OF THE COUNTY BOARD OF MENTAL ILLNESS, WITHIN 24-HOURS OF BEING TAKEN INTO CUSTODY OR BEING HELD, TO DETERMINE WHETHER CUSTODY OR THE HOLD SHOULD CONTINUE. IF THE CUSTODY OR THE HOLD IS CONTINUED, YOU HAVE THE RIGHT TO AN INDEPENDENT EXAMINATION AND TO A HEARING WITHIN FIVE (5) DAYS, OR SIX (6) DAYS IF THERE IS A SATURDAY, SUNDAY, OR HOLIDAY, OR SEVEN (7) 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 YOU IN ANY APPEALS PROCEEDING, THE COSTS OF AN ADDITIONAL EXAMINATION REQUESTED BY YOU PURSUANT TO SDCL 27A-11A-9, AND THE COSTS OF A CERTIFIED TRANSCRIPT OR TAPE OF PROCEEDINGS REQUESTED BY YOU PURSUANT TO SDCL 27A-11A-2 ARE YOUR RESPONSIBILITY, AND A LIEN FOR THE AMOUNT OF THESE COSTS MAY BE FILED UPON YOUR REAL AND PERSONAL PROPERTY TO ENSURE PAYMENT.

Date Hold Placed

Time Hold Placed

Signature and Title _____