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| <b>Custody/Transport Of A Person<br/>Alleged to be Mentally Ill To A Hospital<br/>Approved to Receive Emergency Admissions</b> | Name (Last, First, M.I.) |
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| <b>III. § 9.55 Mental Hygiene Law</b> | <b>Request By A Qualified Psychiatrist</b> |
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I, \_\_\_\_\_, M.D., a qualified psychiatrist\*, am supervising or providing treatment for \_\_\_\_\_ at \_\_\_\_\_, a facility licensed or operated by the Office of Mental Health which does not have an inpatient psychiatric service. I have examined this person and am of the opinion that s/he appears to have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*\*

I hereby direct, under section 9.55 of the Mental Hygiene Law, that peace/police officers of \_\_\_\_\_ take into custody and transport this person to \_\_\_\_\_.

(Department/Location)  
(Name of §9.39 Hospital/ CPEP\*\*\*)

**-OR-**

I hereby request, under section 9.55 of the Mental Hygiene Law, that \_\_\_\_\_ transport this person to \_\_\_\_\_.

(Name of Ambulance Service)  
(Name of §9.39 Hospital/ CPEP\*\*\*)

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|---------------------------|--|-----|-----|------|--|--|--|--|--|-----|-----|-----|-----|------|--|--|--|--|
| Signature of Psychiatrist | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> </tr> <tr> <td style="text-align: center;">Mo.</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Yr.</td> <td style="text-align: center;">Hr.</td> <td style="text-align: center;">Min.</td> <td colspan="3"></td> </tr> </table> |     |     |      |  |  |  |  |  | Mo. | Day | Yr. | Hr. | Min. |  |  |  | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |
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| <b>IV. § 9.57 Mental Hygiene Law</b> | <b>Request By An Emergency Room Physician</b> |
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I, \_\_\_\_\_, M.D., am an emergency room physician or provide emergency medical services at \_\_\_\_\_, a general hospital which does not have an inpatient psychiatric service.

(Name of Hospital)  
**-OR-**

I, \_\_\_\_\_, M.D., am a physician at \_\_\_\_\_.

(Name of C.P.E.P.\*\*\*)

It is my opinion, based on examination of \_\_\_\_\_, that s/he appears to have a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others.\*\*

I hereby request that the hospital program director, or the director's designee, direct the removal of such person to a hospital approved by the Commissioner of OMH under MHL Section 9.39 or to a comprehensive psychiatric emergency program.

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|---------------------------------|--|-----|-----|------|--|--|--|--|--|-----|-----|-----|-----|------|--|--|--|--|
| Signature of Physician Examiner | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> </tr> <tr> <td style="text-align: center;">Mo.</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Yr.</td> <td style="text-align: center;">Hr.</td> <td style="text-align: center;">Min.</td> <td colspan="3"></td> </tr> </table> |     |     |      |  |  |  |  |  | Mo. | Day | Yr. | Hr. | Min. |  |  |  | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |
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| Mo.                             | Day  | Yr. | Hr. | Min. |  |  |  |  |  |     |     |     |     |      |  |  |  |  |

Based on the above request, I hereby direct under section 9.57 of the Mental Hygiene Law that peace/police officers of \_\_\_\_\_ take into custody and transport this person to \_\_\_\_\_.

(Department/Location)  
(Name of §9.39 Hospital/ CPEP\*\*\*)

**-OR-**

Based on the above request, I hereby request under section 9.57 of the Mental Hygiene Law that \_\_\_\_\_ transport this person to \_\_\_\_\_.

(Name of Ambulance Service)  
(Name of §9.39 Hospital/ CPEP\*\*\*)

|   |  |     |     |      |  |  |  |  |  |     |     |     |     |      |  |  |  |  |
|---|--|-----|-----|------|--|--|--|--|--|-----|-----|-----|-----|------|--|--|--|--|
| Signature of Hospital Director/Designee | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> </tr> <tr> <td style="text-align: center;">Mo.</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Yr.</td> <td style="text-align: center;">Hr.</td> <td style="text-align: center;">Min.</td> <td colspan="3"></td> </tr> </table> |     |     |      |  |  |  |  |  | Mo. | Day | Yr. | Hr. | Min. |  |  |  | <input type="checkbox"/> AM<br><input type="checkbox"/> PM |
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| Mo.                                     | Day  | Yr. | Hr. | Min. |  |  |  |  |  |     |     |     |     |      |  |  |  |  |

\* A qualified psychiatrist means a physician licensed to practice medicine in NY state, who is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or who is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board.

\*\* "Likely to result in serious harm" means: (a) a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

\*\*\* A hospital approved by the Commissioner of OMH, under MHL Section 9.39, as maintaining adequate staff and facilities for admitting patients on an emergency basis, or a CPEP licensed by OMH to provide psychiatric emergency services to patients admitted under MHL section 9.40.