

STATE OF NEW JERSEY



DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

**SCREENING OUTREACH
REQUEST FOR POLICE TRANSPORT AND SUPERVISION
PURSUANT TO N.J.S.A. 30:4-27.6b.***

I am a New Jersey Certified Mental Health Screener and an employee of

(Designated Screening Service for _____ County)

I certify that I have made an outreach visit and based on that visit I believe

_____ is in need of involuntary commitment, that is, that s/he is dangerous to self, others, or property because of a mental illness and is unwilling to go to the screening service on his or her own. (The transport is to a screening service for further assessment by a physician and disposition, which may include civil commitment.)

Therefore, I request that _____ Police Department
Transport _____ to the Designated Screening
Service
located at _____
for a complete assessment.

Signature of Screener

Printed Name of Screener

Date _____ Time _____ am/pm

* N.J.S.A. 30:4-27.6 (b) "A State or local law enforcement officer shall take custody of a person and take the person immediately and directly to a screening service if: (b) A mental health screener has certified on a form prescribed the division that based on a screening outreach visit the person is in need of involuntary commitment and has requested the person be taken to the screening service for a complete assessment...The involvement of the law enforcement authority shall continue at the screening center as

long as necessary to protect the safety of the person in custody and the safety of the community from which the person was taken.”