

CERTIFICATE FOR EVALUATION

NOTICE TO ISSUING CLINICIAN:

Please review and complete each section on the next two pages for the safety of all involved, and provide specific details in the narrative.

Be advised that law enforcement officers will carry out this certificate of evaluation. Efforts will be made to ensure the safety of all involved, yet there may be situations where force must be used to detain and transport the person to the evaluation facility. As such, certificates of evaluation should be used only in situations where as result of a mental disorder, the addressed person presents a likelihood of serious harm to others, or to self through grave passive neglect or other means and that immediate detention is required to prevent that harm.

The person will be provided a copy of this certificate for evaluation. Please be advised that individuals are handcuffed during transport while in a police vehicle.

Insert local number where C for E should be faxed:

CERTIFICATE FOR EVALUATION

TO ANY PEACE OFFICER:

I, _____ (a licensed physician, a psychologist, or qualified mental health professional licensed for independent practice) certify that _____, (Name of person to be transported) as a result of a mental disorder, presents a likelihood of serious harm to others or to self through grave passive neglect or other means. Immediate detention is necessary to prevent such harm. I am providing the following information to assist law enforcement personnel locating the person and for the safety of the person and law enforcement personnel.

Physical description and location of person to be detained and transported:

DOB /Age M F Race Ht Wt Hair color Eye Color

Address or Current Location

Phone #

Risk Assessment:

- The person has access to weapons: ___Yes ___No ___Unknown
- The person's statements, conduct, or inferences suggest the person will commit a violent or dangerous act. ___Yes ___No ___Unknown
- The person has a history of violence. ___Yes ___No ___Unknown
- The person is exhibiting signs of lack of control (ex. Extreme agitation, inability to communicate effectively, rambling incoherent thoughts and speech). ___Yes ___No ___Unknown
- The person is having command auditory hallucinations. (hearing voices) ___Yes ___No ___Unknown

Detailed description of the person's behaviors: (Including presence of weapons, history of violence, and response to law enforcement. Additional space is provided on the next page. **If you checked Yes to any of the above, please explain in detail.** If the certificate of evaluation is being requested for grave passive neglect, please explain the circumstances in detail and what other attempts, if any, have been made to secure care and treatment for this person.

CERTIFICATE FOR EVALUATION

I have arranged for the above named person to be evaluated at: _____
_____*(Name of evaluation facility)* this certificate constitutes authority for any Peace Officer to transport the above named person to the facility named above. This certificate expires in 72 hours from date and time signed. I understand I may be contacted by law enforcement to verify and obtain additional information. Please contact my office if this certificate is not served in 72 hours (Indicate by checking)

Signature

Date

Time

Name (print or type)

Professional License #

Organization

Telephone #

To The Person Being Taken to the Hospital:

You are being taken to a mental health facility. You will be evaluated by a mental health professional to determine if you need to be detained for treatment. If reasonable grounds exist to detain you, this facility must file a petition within 5 business days and hold a hearing within 7 business days. At that time, a lawyer will be appointed to represent you. If you have any questions, you may call Disability Rights New Mexico at 505-256-3100, New Mexico Legal Aid at 833-545-4357 or the District Attorney's office at 505-222-1362.

Narrative Continued:

Please see NMSA 43-1-10 Emergency Mental Health Evaluation and Care for further instructions.