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**APPLICATION FOR ORDER  
FOR PROTECTIVE CUSTODY  
AND TRANSPORTATION**

**Use this packet only if the following statements are true:**

- You have probable cause to believe that the proposed patient is in a mental health crisis. That means they have a mental illness that prevents them from managing their own affairs and social relations, or are not fully capable of exercising self-control, judgment, or making decisions, and because of that, are likely to harm themselves or others.
  
- You are the spouse, parent, adult child, legal guardian of the proposed patient or any of person who has a legitimate interest in the proposed patient.

A person in a mental health crisis **does not include** a person whose capacity is diminished by: epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or drugs, unless a mental illness that can be diagnosed is also present which contributes to their diminished capacity.

**This packet contains the following forms:**

1. Application for Order for Protective Custody and Transportation and Declaration in Support of Order for Protective Custody and Transportation
2. Request for Submission
3. Order for Protective Custody and Transportation

First, carefully read all instructions.

Second, neatly print the requested information using black or blue ink.

Do not use correction fluid or tape on the forms.

**Self Help Center**  
1 South Sierra St., First Floor  
Reno, NV 89501  
775-325-6731  
[www.washoecourts.com](http://www.washoecourts.com)

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## INSTRUCTIONS: STEP 1

### Complete the Application for Order for Protective Custody and Transportation and Declaration in Support for Protective Custody and Transportation as Shown:

1) Print your name, address, telephone number, and email.

2) Print the name of the proposed patient.

3) Print an "X" in a box to indicate your relationship to the proposed patient.

4) Complete the form, following the instructions on each page.

1	Code: 1217	
	Name: _____	<b>The Filing Office will give you a Case No. and Department No. when you file the documents with the court.</b>
	Address: _____	
3	Telephone: _____	
4	Email: _____	
5	Self-Represented Litigant	
6		
7	IN THE F.	
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE ST. <u>      </u> <u>      </u>	
9	IN AND FOR THE COUNTY OF WASHOE	
10	In the Matter of:	Case No. _____
		Dept. No. _____
12	(Name of proposed patient)	
13	Person alleged to be a person in a mental health crisis.	
14		
15		
16	<u>APPLICATION FOR ORDER FOR PROTECTIVE CUSTODY AND TRANSPORTATION AND</u>	
17	<u>DECLARATION IN SUPPORT OF ORDER FOR PROTECTIVE CUSTODY AND</u>	
18	<u>TRANSPORTATION</u>	
19	I declare as follows:	
20	1.	
21	I am the <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> LEGAL GUARDIAN –OR–	
22	<input type="checkbox"/> OTHER: _____ of the proposed patient.	
23	(Your relationship and how you know the proposed patient)	
24	2.	
25	The proposed patient resides or can be found at: _____	
26	3.	
27	I have probable cause to believe that the proposed patient has the following mental illness(es):	
28		
	REV 12/31/19 CJ	1 EMERGENCY ADMISSION

The penalty for willfully making a false statement under penalty of perjury is a minimum of 1 year, and a maximum of 4 years in prison, in addition to a fine of not more than \$5,000.00.  
N.R.S. §199.145

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## INSTRUCTIONS: STEP 2

### Complete the Request for Submission as Shown:

1) Print your name, address, telephone number, and email.

1 Code: 3860  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone: \_\_\_\_\_  
5 Email: \_\_\_\_\_  
6 Self-Represented Litigant

The Filing Office will give you a Case No. and Department No. when you file the documents with the court.

2) Print the name of the proposed patient.

7 IN THE P  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHINGTON  
10  
11 In the Matter of: Case No. \_\_\_\_\_  
12 Dept. No. \_\_\_\_\_  
13 (Name of proposed patient)  
14 Person alleged to be a person in a mental health crisis.

3) Print the date that you filed the document.

15  
16 REQUEST FOR SUBMISSION  
17 I request that the Application for Order for Protective Custody and Transportation and  
18 Declaration in Support of Order for Protective Custody and Transportation filed on  
19 \_\_\_\_\_ be submitted to the Court for decision.  
20 (Date the document was filed)

4) Date, sign and print your name.

21 This document does not contain the personal information of any person as defined by  
22 NRS 603A.040.  
23 I declare, under penalty of perjury under the law of the State of Nevada the foregoing is  
24 true and correct.  
25 Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_  
26  
27 Print Your Name: \_\_\_\_\_  
28

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## INSTRUCTIONS: STEP 3

### Complete the Order for Protective Custody and Transportation as Shown:

1) Print the name of the proposed patient.

Leave this date and signature blank for the judge.

The Filing Office will give you a Case No. and Department No. when you file the documents with the court.

1	Code:	
2		IN THE FAMILY
3		OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE
4		IN AND FOR THE COUNTY OF WASHOE
5	In the Matter of:	Case No. _____
6		Dept. No. _____
7	_____	
8	(Name of Proposed Patient)	
9	Person alleged to be a person in a mental health crisis.	
10	_____	
11		<u>ORDER FOR PROTECTIVE CUSTODY AND TRANSPORTATION</u>
12	TO: ANY PEACE OFFICER	
13	Based upon the Application for Order for Protective Custody and Transport and this Court being	
14	fully advised of the circumstances herein; and,	
15	Pursuant to NRS 433A.160, it appears to the Court that the allegations set forth in the	
16	Application for Order for Protective Custody and Transport, and the testimony provided, present	
17	probable cause to believe the proposed patient is in a mental health crisis.	
18	THEREFORE, IT IS HEREBY ORDERED that the proposed patient be taken into custody and	
19	transported to a hospital to be examined by a licensed physician or physician assistant licensed	
20	pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to	
21	NRS 632.237 to determine whether or not they have a medical problem, other than a psychiatric	
22	problem, which requires immediate treatment. See NRA 433A.165.	
23	IF IS FURTHER ORDERED that, if no medical problem exists which requires immediate	
24	treatment, the proposed patient shall immediately be transported to Northern Nevada Adult Mental	
25	Health Services to complete the application for emergency admission process.	
26	This order shall be in effect for 14 days from the date of entry.	
27		
28	Date: _____	_____ DISTRICT JUDGE
	REV 7/11/19 STM	1 ORDER FOR PROTECTIVE CUSTODY AND TRANSPORTATION

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## INSTRUCTIONS: STEP 4

### **Copying the Documents**

You will need two copies of all the documents. The Law Library and Self Help Center can make courtesy copies for this case type.

- The Self Help Center is located on the first floor of the courthouse at 1 S. Sierra Street, Reno, NV.
- The Law Library is located on the first floor of the courthouse at 75 Court Street, Reno, NV.

## INSTRUCTIONS: STEP 5

### **Filing the Documents**

- Take the original and two copies of the completed forms to the Filing Office to be filed.
  - The Filing Office is located on the first floor of the courthouse at **75 Court Street, Reno, NV.**
- The Filing Office will keep the original documents and return filed-stamped copies to you. Please make sure to keep copies of all the documents you file for your personal records.

Electronic filing is available. For more information, please contact the Self Help Center or Law Library.

## INSTRUCTIONS: STEP 6

### **Bring a copy to the 3<sup>rd</sup> Floor of 1 S. Sierra**

After you have filed the documents, take a copy of the application and the order to the clerk located at the Family Division of the Second Judicial District Court, 3<sup>rd</sup> Floor, 1 S. Sierra Street, Reno, NV.

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## **NOW WHAT HAPPENS?**

You must now wait for a decision from the judge. After the judge reviews the information provided in your application, they can either set the matter for a hearing or deny the application. You will be informed either way.

## **Legal Assistance**

The information in this packet is provided as a courtesy only. This packet is not a substitute for the advice of an attorney. Counsel is always recommended for legal matters.

If you do not have an attorney, you are encouraged to seek the advice of a licensed attorney or visit the Self Help Center which is located at One South Sierra Street, Reno, NV. **The Self Help Center cannot give legal advice** but can give information regarding court procedures.

You may also wish to speak with a family law lawyer at no cost through the Law Library's "Lawyer in the Library" program, or to seek assistance from other free or reduced-cost legal resources in the area, to include:

### **LAWYER IN THE LIBRARY**

First Floor (to the left of the Filing Office) of the courthouse located at:  
75 Court Street, Reno, NV.  
775-328-3250

[www.washoecourts.com/lawlib](http://www.washoecourts.com/lawlib)

**Tuesday Evenings – Arrive by 4:25 p.m.**

\*Please Note\* The program is limited to 10 participants each evening.

### **NEVADA LEGAL SERVICES**

204 Marsh Avenue Reno, NV 89509  
(775) 284- 3491 – leave a message if  
necessary  
[nlslaw.net](http://nlslaw.net)

### **WASHOE LEGAL SERVICES**

299 S. Arlington Avenue Reno, NV 89501  
(775) 329-2727 – leave a message if  
necessary  
[www.washoelegalservices.org](http://www.washoelegalservices.org)