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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
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.

Resource Center  
1 South Sierra St., Third 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 as Shown:

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

1 Code: 1217  
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.

8 IN THE FAMILY COURT  
9 OF THE SECOND JUDICIAL DISTRICT  
10 IN AND FOR THE COUNTY OF WASHOE  
11  
12  
13 In the Matter of: \_\_\_\_\_ Case No. \_\_\_\_\_  
14 \_\_\_\_\_ Dept. No. \_\_\_\_\_  
15 (Name of proposed patient)

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

16 Person alleged to be a person in a mental health crisis.  
17 \_\_\_\_\_  
18  
19 APPLICATION FOR ORDER FOR PROTECTIVE CUSTODY AND TRANSPORTATION  
20 I declare as follows:  
21 1.  
22 I am the  SPOUSE  PARENT  ADULT CHILD  LEGAL GUARDIAN -OR-  
23  OTHER: \_\_\_\_\_ of the proposed patient.

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

24 2.  
25 The proposed patient resides or can be found at: \_\_\_\_\_  
26 \_\_\_\_\_  
27 3.  
28 I have probable cause to believe that the proposed patient has the following mental illness(es):  
\_\_\_\_\_

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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.

2) Print the name of the proposed patient.

3) Print the date that you filed the document.

4) Date, sign, and print your name.

1	Code: 3860	
2	Name: _____	
3	Address: _____	
4	Telephone: _____	
5	Email: _____	
6	Self-Represented Litigant	
7	IN THE F	
8	OF THE SECOND JUDICIAL DISTRICT COURT OF THE ST	NEVADA
9	IN AND FOR THE COUNTY OF WASH	
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.	
15	_____	
16	<u>REQUEST FOR SUBMISSION</u>	
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)	
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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The Filing Office will give you a Case No. and Department No. when you file the documents with the court.

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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.

Code: \_\_\_\_\_

IN THE FAMILY

OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE

IN AND FOR THE COUNTY OF WASHOE

In the Matter of: \_\_\_\_\_

Case No. \_\_\_\_\_

Dept. No. \_\_\_\_\_

(Name of Proposed Patient)

Person alleged to be a person in a mental health crisis.

ORDER FOR PROTECTIVE CUSTODY AND TRANSPORTATION

TO: ANY PEACE OFFICER

Based upon the Application for Order for Protective Custody and Transport and this Court being fully advised of the circumstances herein; and,

Pursuant to NRS 433A.160, it appears to the Court that the allegations set forth in the Application for Order for Protective Custody and Transport, and the testimony provided, present probable cause to believe the proposed patient is in a mental health crisis.

THEREFORE, IT IS HEREBY ORDERED that the proposed patient be taken into custody and transported to a hospital to be examined by a licensed physician or physician assistant licensed pursuant to chapter 630 or 633 of NRS or an advanced practice registered nurse licensed pursuant to NRS 632.237 to determine whether or not they have a medical problem, other than a psychiatric problem, which requires immediate treatment. See NRA 433A.165.

IF IS FURTHER ORDERED that, if no medical problem exists which requires immediate treatment, the proposed patient shall immediately be transported to Northern Nevada Adult Mental Health Services to complete the application for emergency admission process.

This order shall be in effect for 14 days from the date of entry.

Date: \_\_\_\_\_

DISTRICT JUDGE

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## INSTRUCTIONS: STEP 4

### Copying the Documents

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

- The Resource Center is located on the third 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

**Contact the Dianne Talley at 775-328-3186 or [Dianne.Talley@washocourts.us](mailto:Dianne.Talley@washocourts.us) to inform the department of the case.**

- Take the original and two copies of the completed forms to the Resource Center to be filed.
  - The Resource Center is located on the third floor of the courthouse at 1 S. Sierra Street, Reno, NV.
- The Resource Center 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 Resource Center or Law Library.

### 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.

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## **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 contact the Resource Center. **The Resource 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**

For information contact the Law Library at 775-328-3250.

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

#### **NEVADA LEGAL SERVICES**

204 Marsh Avenue Reno, NV 89509  
(775) 284- 3491 – leave a message if  
necessary

[www.nlslaw.net](http://www.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)