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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. 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

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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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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 Order for Protective Custody and Transportation as Shown:

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

1) Print the name of the proposed patient.

Leave this date and signature blank for the judge.

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: _____

6 Case No. _____

7 _____

8 (Name of Proposed Patient)

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

10 _____

11 ORDER FOR PROTECTIVE CUSTODY AND TRANSPORTATION

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 3

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 4

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 5

Bring a copy to the 3rd 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, 3rd 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

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

WASHOE LEGAL SERVICES

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