

1 Code: 1217
2 Name: _____
3 Address: _____
4 Telephone: _____
5 Email: _____
6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 In the Matter of: Case No. _____
11 Dept. No. _____
12 _____,
13 (Name of proposed patient)

14 Person alleged to be a person in a mental health crisis.
15 _____

16 APPLICATION FOR ORDER FOR PROTECTIVE CUSTODY AND TRANSPORTATION AND
17 DECLARATION IN SUPPORT OF ORDER FOR PROTECTIVE CUSTODY AND
18 TRANSPORTATION

19 I declare as follows:

20 **1.**

21 I am the **SPOUSE** **PARENT** **ADULT CHILD** **LEGAL GUARDIAN** -OR-

22 **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 _____

27 **3.**

28 I have probable cause to believe that the proposed patient has the following mental illness(es):

1 **4.**

2 Explain, in detail, what has occurred to make you believe the proposed patient has a
3 mental illness. Include any diagnosis, the dates the events occurred, who was present,
4 and the full surrounding circumstances.

5
6 a. Approximate Date: _____

7 Where did it happen (*City, State*)? _____

8 What Happened: _____

9 _____

10 _____

11 _____

12 _____

13 b. Approximate Date: _____

14 Where did it happen (*City, State*)? _____

15 What Happened: _____

16 _____

17 _____

18 _____

19 _____

20
21 c. Approximate Date: _____

22 Where did it happen (*City, State*)? _____

23 What Happened: _____

24 _____

25 _____

26 _____

27 _____

28 *Attach more pages if you need more room.*

1 **5.**

2 I have probable cause to believe that the proposed patient is not fully capable of managing their
3 own affairs and social relations because they are not fully capable of exercising self-control,
4 judgment, or making decisions due to the mental illness(es) identified above, and is therefore in a
5 mental health crisis.

6 Without care or treatment, the proposed patient is at serious risk of:

- 7 Attempting suicide or homicide;
- 8 Causing bodily injury to himself or herself or others; or
- 9 Incurring a serious injury, illness or death resulting from complete neglect of basic needs
10 for food, clothing, shelter or personal safety.

11 Explain, in detail, what has occurred to make you believe the proposed patient, as a
12 result of their mental illness(es), is at serious risk of attempting suicide, homicide,
13 causing bodily injury, or incurring serious injury, illness or death resulting from
14 complete neglect of basic needs.
15

16 a. Approximate Date: _____

17 Where did it happen (*City, State*)? _____

18 What Happened: _____

19 _____

20 _____

21 _____

22 b. Approximate Date: _____

23 Where did it happen (*City, State*)? _____

24 What Happened: _____

25 _____

26 _____

27 _____

28 _____

Attach more pages if you need more room.

1 **6.**

2 I would like the proposed patient to be transported to the following facility:

3 _____

4 I would like them to be taken to this facility instead of another for the following reasons:

5 *(List why you would like the proposed patient taken there. Insurance, previous experience, etc.)*

6 _____

7 _____

8 _____

9 _____

10 If more room is needed, attach additional sheets.

11 **7.**

12 I request that this Court issue an Order directing any peace officer to take the proposed patient
13 into protective custody and transport the proposed patient to a mental health facility or hospital.

14
15 I have read this document and the contents are true and correct of my own personal knowledge
16 except for those things stated on what I believe to be true, and, for those matters, I do believe they
17 are true.

18 This document does not contain the personal information of any person as defined by NRS
19 603A.040.

20 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true
21 and correct.

22
23 Date: _____

Your Signature: _____

24
25 Print Your Name: _____