

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

7  
8 IN THE FAMILY DIVISION  
9 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
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)

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.

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.

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11 **5.**

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

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

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

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

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If more room is needed, attach additional sheets.

**6.**

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

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

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

If more room is needed, attach additional sheets.

**7.**

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

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

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

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

Your Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_