

APPLICATION FOR COURT ORDERED EMERGENCY ADMISSION

Self Help Center
1 South Sierra St., First Floor
Reno, NV 89501
775-325-6731

www.washoecourts.com

Do Not File Or Copy This Page

**APPLICATION FOR COURT
ORDERED EMERGENCY
ADMISSION**

Use this packet only if all of the following statements are true:

- The proposed patient (person alleged to be a person with mental illness) is a resident of Washoe County.
- You have probable cause to believe that the proposed patient has a mental illness and because of that illness is likely a harm to themselves or others.

INSTRUCTIONS FOR COMPLETING FORMS

Carefully read all instructions before starting to fill out any of the forms.

Use **black or blue ink only**. Neatly print the information requested.

Do not use correction fluid/tape on the forms.

This packet contains the following forms:

1. Application for Court Ordered Emergency Admission
2. Order for Protective Custody and Examination

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

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 1

Complete the Application for Court Ordered Emergency Admission 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 the Examination 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 with mental illness.
17 _____
18
19 APPLICATION FOR COURT ORDERED EMERGENCY ADMISSION
20 FOR EVALUATION, OBSERVATION, AND TREATMENT
21 I declare as follows:
22 A.
23 I am the SPOUSE; PARENT; ADULT CHILD; LEGAL GUARDIAN; -OR-
24 OTHER: _____ of the proposed patient.

4) Print the address of the proposed patient.

25 B.
26 The proposed patient resides at: _____
27 _____
28 _____

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 the Examination of: Case No. _____
14 Dept. No. _____
15 _____,
(Name of Proposed Patient)

16 Person alleged to be a person with mental illness.
17 _____/

18
19 APPLICATION FOR COURT ORDERED EMERGENCY ADMISSION
20 FOR EVALUATION, OBSERVATION, AND TREATMENT

21 I declare as follows:

22 **A.**

23 I am the **SPOUSE**; **PARENT**; **ADULT CHILD**; **LEGAL GUARDIAN**; -OR-
24 **OTHER**: _____ of the proposed patient.

25 **B.**

26 The proposed patient resides at: _____
27 _____
28 _____

INSTRUCTIONS: STEP 2

**Complete Pages Two and Three of the Application for Court Ordered
Emergency Admission as Shown:**

1) Complete section C by detailing the events that lead you to believe the proposed patient is a person alleged to be a person with mental illness.

2) Explain your reasons you feel there is an immediate need for this court order and why the proposed patient is likely a harm to themselves and others if allowed to remain at their own liberty.

3) Print the name of the facility you want the proposed patient to be taken and why you would like them taken there specifically.

Keep in mind the judge may ultimately decide to send the proposed patient to a different facility.

If you do not have a specific facility that you would like the proposed patient taken to, you may print N/A and the judge will decide.

4) Date, sign, and print your name.

1 C. Explain, in detail, what has occurred to make you believe the proposed patient is
2 mentally ill. Include the date on which the event occurred, who was present, and the
3 full surrounding circumstances.
4 Because of the following incident(s), I have probable cause to believe that the proposed patient
5 is mentally ill:
6
7
8
9
10
11
12 If more room is needed, attach additional sheets.
13 D. Explain, in detail, the reason(s) you feel the proposed patient is a harm to themselves
14 and others.
15
16 I feel the proposed patient is likely to harm themselves or others if allowed to remain at liberty
17 at this time, because of the above mentioned suspected mental illness, and there is an immediate
18 need for this Court to order any peace officer to take the proposed patient into protective custody
19 for immediate transport to a mental health facility or hospital for evaluation, observation, and
20 treatment. I feel the proposed patient is likely a harm to themselves or others if allowed to remain
21 at liberty at this time because:
22
23
24
25
26
27
28 If more room is needed, attach additional sheets.
REV 3/2018 JCB 2 EMERGENCY ADMISSION

1 E. I would like the proposed patient to be transported to the following facility:
2
3
4 I would like them taken there for the following reasons:
5
6 (List why you would like the proposed patient taken there. Insurance, previous experience, etc.)
7 F. The proposed patient has refused to submit to an examination or treatment by a physician,
8 psychiatrist, or licensed psychologist.
9 G. I request that this Court issue an Order directing any peace officer to take the proposed patient
10 into protective custody and transport the patient to a mental health facility or hospital for evaluation,
11 observation, and treatment.
12 This document does not contain the personal information of any person as defined by NRS
13 603A.040.
14 I declare under penalty of perjury under the law of the State of Nevada that the foregoing
15 statements are true and correct.
16
17 Date: _____ Your Signature: _____
18
19
20 Print Your Name: _____
21
22
23
24
25
26
27
28 REV 3/2018 JCB 3 EMERGENCY ADMISSION

1 **C.**

2 Explain, in detail, what has occurred to make you believe the proposed patient is
3 mentally ill. Include the date on which the event occurred, who was present, and the
4 full surrounding circumstances.

5 Because of the following incident(s), I have probable cause to believe that the proposed patient
6 is mentally ill: _____
7 _____
8 _____
9 _____
10 _____
11 _____

12 If more room is needed, attach additional sheets.

13 **D.**

14 Explain, in detail, the reason(s) you feel the proposed patient is a harm to themselves
15 and others.

16 I feel the proposed patient is likely to harm themselves or others if allowed to remain at liberty
17 at this time, because of the above mentioned suspected mental illness, and there is an immediate
18 need for this Court to order any peace officer to take the proposed patient into protective custody
19 for immediate transport to a mental health facility or hospital for evaluation, observation, and
20 treatment. I feel the proposed patient is likely a harm to themselves or others if allowed to remain
21 at liberty at this time because: _____
22 _____
23 _____
24 _____
25 _____
26 _____
27 _____

28 If more room is needed, attach additional sheets.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

E.

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

I would like them taken there for the following reasons: _____

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

F.

The proposed patient has refused to submit to an examination or treatment by a physician, psychiatrist, or licensed psychologist.

G.

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

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 statements are true and correct.

Date: _____

Your Signature: _____

Print Your Name: _____

INSTRUCTIONS: STEP 3

Complete Pages One and Two of the Order for Protective Custody and Examination 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.

1 Code: 2959
 2
 3
 4
 5
 6
 7 OF THE SECOND JUDICIAL DISTRICT COURT OF T
 8 IN AND FOR THE COUNTY
 9
 10
 11 In the Matter of the Examination of: Case No. _____
 12 Dept. No. _____
 13 (Name of Proposed Patient)
 14 Person alleged to be a person with mental illness.
 15
 16
 17 ORDER FOR PROTECTIVE CUSTODY AND EXAMINATION
 18
 19 TO: ANY PEACE OFFICER
 20 Based upon the Application for Court Ordered Emergency Admission and this Court being fully
 21 advised of the circumstances herein; and,
 22 Pursuant to NRS 433A.160, it appearing to the Court that the allegations set forth in the
 23 Application for Court Ordered Emergency Admission present probable cause to believe this person
 24 is mentally ill, and because of that illness they are likely to harm themselves or others if allowed to
 25 remain at liberty at this time.
 26 IT IS HEREBY ORDERED that pursuant to NRS 433A.165, the proposed patient be first
 27 transported to, and examined by, a licensed physician to determine whether or not they have a
 28 medical problem rather than a psychiatric problem which requires immediate treatment.

REV 7/2018 JCB 1 ORDER EMERGENCY ADMISSION

Leave this date and signature blank for the judge.

2) Date, sign your name, and print your name.

1 IT IS FURTHER ORDERED that, if the licensed physician finds that no medical problem exists,
 2 which requires immediate treatment the proposed patient shall immediately be transported to:
 3 _____
 4 IT IS FURTHER ORDERED that the patient be evaluated by a psychiatrist, psychologist, an
 5 advanced practice registered nurse who has training and experience prescribed by the State Board of
 6 Nursing pursuant to NRS 632.120, or physician, to determine whether the patient will be admitted
 7 to the facility.
 8 IT IS FURTHER ORDERED that the provisions of NRS 433.150 apply to this patient, in that, if
 9 it is determined the patient is to be admitted to the facility under the provisions of NRS 433A.160,
 10 the patient must be released within 72 hours, including weekends and holidays, from the time of
 11 their admission unless within that period of time a written petition for an involuntary court-ordered
 12 admission is filed with the clerk of the district court pursuant to NRS 433A.200, including, without
 13 limitation, the documents required pursuant to NRS 433A.210, or the status of the person is
 14 changed to a voluntary admission.
 15 If the 72 hour period for release expires on a day which the office of the clerk of the district
 16 court is not open, the written petition must be filed on or before the close of the business day next
 17 following the expiration of the 72 hour period.
 18
 19 Date: _____
 20 _____
 21 DISTRICT JUDGE
 22
 23
 24 Respectfully Submitted: _____
 25 Date: _____ Your Signature: _____
 26 _____
 27 Print Your Name: _____
 28

REV 7/2018 JCB 2 ORDER EMERGENCY ADMISSION

1 Code: 2959

2
3
4
5
6 IN THE FAMILY DIVISION
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
8 IN AND FOR THE COUNTY OF WASHOE
9
10

11 In the Matter of the Examination of:

Case No. _____

12 Dept. No. _____

13 _____,

(Name of Proposed Patient)

14 Person alleged to be a person with mental illness.
15 _____/

16
17 ORDER FOR PROTECTIVE CUSTODY AND EXAMINATION
18

19 TO: ANY PEACE OFFICER

20 Based upon the Application for Court Ordered Emergency Admission and this Court being fully
21 advised of the circumstances herein; and,

22 Pursuant to NRS 433A.160, it appearing to the Court that the allegations set forth in the
23 Application for Court Ordered Emergency Admission present probable cause to believe this person
24 is mentally ill, and because of that illness they are likely to harm themselves or others if allowed to
25 remain at liberty at this time.

26 IT IS HEREBY ORDERED that pursuant to NRS 433A.165, the proposed patient be first
27 transported to, and examined by, a licensed physician to determine whether or not they have a
28 medical problem rather than a psychiatric problem which requires immediate treatment.

1 IF IS FURTHER ORDERED that, if the licensed physician finds that no medical problem exists
2 which requires immediate treatment the proposed patient shall immediately be transported to:

3 _____
4 IT IS FURTHER ORDERED that the patient be evaluated by a psychiatrist, psychologist, an
5 advanced practice registered nurse who has training and experience prescribed by the State Board of
6 Nursing pursuant to NRS 632.120, or physician, to determine whether the patient will be admitted
7 to the facility.

8 IT IS FURTHER ORDERED that the provisions of NRS 433.150 apply to this patient, in that, if
9 it is determined the patient is to be admitted to the facility under the provisions of NRS 433A.160,
10 the patient must be released within 72 hours, including weekends and holidays, from the time of
11 their admission unless within that period of time a written petition for an involuntary court-ordered
12 admission is filed with the clerk of the district court pursuant to NRS 433A.200, including, without
13 limitation, the documents required pursuant to NRS 433A.210, or the status of the person is
14 changed to a voluntary admission.

15 If the 72 hour period for release expires on a day which the office of the clerk of the district
16 court is not open, the written petition must be filed on or before the close of the business day next
17 following the expiration of the 72 hour period.

18
19 Date: _____

20 _____
21 DISTRICT JUDGE

22
23
24 Respectfully Submitted:

25 Date: _____

25 Your Signature: _____

26
27 Print Your Name: _____

Do Not File Or Copy This Page

INSTRUCTIONS: STEP 4

Copying the Documents

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

- 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 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.

Do Not File Or Copy This Page

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