NOTICE TO AN ADULT HELD OR IN CUSTODY UNDER THE INVOLUNTARY EMERGENCY COMMITMENT PROCEDURES

PLEASE TAKE NOTICE:

You have been placed on a 24 hour mental illness hold.

You are hereby notified that you have the right to immediately contact a person of your choosing and to immediately contact and be represented by counsel;

You are further notified that you will be examined by a qualified mental health professional, designated by the chair of the county board of mental illness, within twenty-four hours after being taken into custody to determine whether custody should continue; and

The right, if custody is continued, to an independent examination and to a hearing within five days after being taken into custody, within six days if there is a Saturday, Sunday, or holiday within that time period, or within seven days if there is a Saturday, Sunday, and holiday within that time period.

You are further notified that the costs of any post-commitment treatment, medication, compensation for the attorney appointed to represent the person in any appeals proceedings, an additional examination requested by the person pursuant to § 27A-11A-9, and a certified transcript or tape of proceedings requested by the person pursuant to § 27A-11A-2 are that person's responsibility and that a lien for the amount of these costs may be filed upon the person's real and personal property to ensure payment.

I hereby acknowledge that the above Notice was read to me and that I received a copy of this Notice on the _____day of _____, 20_____ at _____AM / PM.

_____
Signature of person placed on hold

OR

I hereby certify that I read the above Notice to and that a copy of this was given to the above named person placed on a hold on the_____day of _____, 20_____ at _____AM / PM.

_____
Signature and Title of person placing the hold

Original: Patient
Copy: Chair of County Board Mental Illness
Inpatient Facility