

**CERTIFICATE OF NEED FOR
EMERGENCY / INVOLUNTARY COMMITMENT**

SUBMIT TO: ADMINISTRATOR OF APPROVED PUBLIC TREATMENT FACILITY

ON BEHALF OF: _____
(Name of person/respondent who is the subject of this application)

[Instructions: A Certificate of Need for Emergency/Involuntary Commitment must accompany an Application for 48-Hour Emergency Commitment submitted to the Administrator of an Approved Public Treatment Facility.]

1. I certify that I am a licensed
 - physician
 - physician's assistant
 - advanced nurse practitioner

2. I examined the respondent on *(date)* _____. My examination took place within two days before the date of this *Certificate*.

3. Based on my examination and the information presented to me, it is my opinion that the respondent is:
 - intoxicated by alcohol or drugs.** Respondent's mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs. *(Emergency Commitments)*

 - an alcoholic or drug abuser.** Respondent is a person who demonstrates increased tolerance to alcohol or drugs, who suffers from withdrawal when alcohol or drugs are not available, whose habitual lack of self-control concerning the use of alcohol or drugs causes significant hazard to the person's health, and who continues to use alcohol or drugs despite the adverse consequences. *(Involuntary Commitments)*

 - a person who threatened, attempted to inflict, or inflicted physical harm on another, or who is likely to inflict physical harm on another unless committed. *(Emergency or Involuntary Commitment)*

 - incapacitated by alcohol or drugs.** Respondent is a person who, as a result of alcohol or drugs, is unconscious or whose judgment is otherwise so impaired that the person (A) is incapable of realizing and making rational decisions with respect to the need for treatment and (B) is unable to take care of the person's basic safety or personal needs, including food, clothing, shelter, or medical care. *(Emergency or Involuntary Commitment)*

4. The findings in support of this opinion are as follows:

- abnormal lab results
- administration of withdrawal management medication
- results of BAC test
- record of repeated detoxification event(s)
- other findings set forth below:

5. I also relied on the following facts communicated by others:

Date

Signature

Print Name and Title

Mailing Address

Phone/Fax Numbers

Email Address