

**INVOLUNTARY EMERGENCY EXAMINATION
AND TREATMENT**

Mental Health Procedures Act of 1976
Section 302

MICROFILM

The blanks below may be completed following admission.)

NAME	LAST	FIRST	MIDDLE	AGE	SEX
	Bowers,	Robert	David	Ryan	16 M
NAME OF COUNTY PROGRAM	[REDACTED]			SEU NO.	
	Allegu			50	780
NAME OF FACILITY	ADMISSION DATE			ADMISSION NO.	
	St. John's Hosp				

INSTRUCTIONS

1. Part I must be completed by the person who believes the patient is in need of treatment. If this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
2. If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
3. When the patient is taken to the examination facility, the rights described in Form MH 783-A must be explained. Part IV should be signed by the person who explains these rights to the patient.
4. Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
5. Part VI is to be completed by the examining physician.
6. If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
7. If the patient is subject to criminal proceedings/detention, briefly describe below.

IMPORTANT NOTICE

MICROFILM

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN HE COMPLETES THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

Part I
APPLICATION

I believe that Robert Bowers
(PERSON'S NAME)

is severely mentally disabled: (Check and complete all applicable for this patient.)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days;

(i) the person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

(ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide;

(iii) the person has substantially mutilated himself/herself or attempted mutilate himself/herself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under the act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

... date and time whenever possible, and state who observed the behavior):

On 01/30/89 at approx. 10:10 PM, I called the Baldwin Police Department because my 16 year old son was exhibiting hostile, violent, frightening behavior. On the night of 01/30/89 I told my son about a "note" or a "letter" that I had found in his bedroom. My telling him that I had found the note is what precipitated his horrible outburst of temper. He lunged at me and I fled to apartment and called the police from a neighbor's phone. When police arrived, Rob told my fiancée that he had a handg

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that Robert Bowers (PERSON'S NAME)

is in need of involuntary examination and treatment. I request that: (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate.

MICROFILM

A. The County Administrator issue a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.

Barbara A. Saiter
SIGNATURE OF APPLICANT

1-31-89
DATE

Barbara A. Saiter
PRINT NAME AND ADDRESS OF APPLICANT

[REDACTED]
TELEPHONE NO.

B. That this facility examine the patient to determine his/her need for treatment.

SIGNATURE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR, OR REPRESENTATIVE

DATE

PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR OR REPRESENTATIVE

TELEPHONE NO.

ADDRESS

in his bedroom and if the police entered that he would either shoot the police, or shoot himself. Eventually the police left, and I informed Rob that I was going elsewhere for the night, ~~at~~ after which Rob went to my car and lifted the hood. I later learned he had detached two wires from my starter - ^{now} making my car a two cylinder instead of four.

PART III
WARRANT

(Check A or B)

A. Based upon representations made to me by Barbara Saiter
(NAME OF APPLICANT)
I hereby order that Robert Bowers shall be taken
(NAME OF PERSON)
and examined at St. John's Hosp and if required
(NAME OF FACILITY)
shall be admitted to a facility designated for treatment for a period of time not to exceed
120 hours.

Name of facility designated for treatment if other than the facility conducting the examination

Mary Tomblin Jack Merchant 1-31-89 2:24
SIGNATURE OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE DATE AND TIME

Mary Tomblin Jack Merchant
PRINT NAME OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

DENIAL OF WARRANT

B. The request of the petitioner for a warrant is denied:

SIGNATURE OF COUNTY ADMINISTRATOR OR REPRESENTATIVE

DATE

PART IV
THE PATIENT'S RIGHTS

I affirm that when the patient arrived at _____
(NAME OF FACILITY)

I explained his rights to him/her. These rights are described in Form MH 783-A. I believe that he/she:

does understand these rights.

does not understand these rights.

SIGNATURE OF PERSON EXPLAINING RIGHTS

DATE

PRINT NAME OF PERSON EXPLAINING RIGHTS

PART V

ACTIONS TAKEN TO PROTECT THE PATIENT'S INTEREST

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs of any his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below. Use additional sheets if required.

Mother will be responsible for pt. personal property of Barbara A. Saiter

Jack Merchant

SIGNATURE OF COUNTY ADMINISTRATOR/REPRESENTATIVE OR THE DIRECTOR OF THE FACILITY OR REPRESENTATIVE

DATE

Jack Merchant

PRINT NAME OF COUNTY ADMINISTRATOR/REPRESENTATIVE/ DIRECTOR OF THE FACILITY OR REPRESENTATIVE

ACKNOWLEDGEMENT

I, Barbara Saiter, acknowledge that I have
 (petitioner's name)

been informed that Robert Bowers may be
 (patient's name)

subject to an additional period of involuntary treatment not to exceed twenty (20) days. I further acknowledge that I understand that this additional period of time for treatment will be decided at a Court Hearing at which I will be required to testify.

I have been advised that a hearing may be scheduled at

St Treatment Facility Hospital on 5 day
 (date)

and agree to verify the date and time by contacting County MH/MF at 355-4457 or 355-4458.

I understand that failure to attend the hearing may result in the patient's discharge.

Date 1-31-89

Barbara A. Saiter

Petitioner

Jack Muchant

Witness