

Independent Examination Certification And Summary of Patient Information
Regarding _____ (the Patient)

I, the undersigned independent examiner, certify that I am a psychiatrist licensed by the Virginia Board of Medicine, and otherwise meet the qualifications set forth in Va. Code § 37.2-815; that today I personally examined the Patient; and, as the result of such examination, I have probable cause to believe that the Patient **is** / **is not mentally ill**; that the Patient **does** / **does not present an imminent danger to** **the Patient** / **others**, or that the Patient **is** / **is not substantially unable to care for himself or herself**, as a result of mental illness; and that the Patient **does** / **does not** require **involuntary in-patient treatment**. I am not related by blood or marriage to the Patient. I have no financial interest in the Patient's admission or treatment. I have no investment interest in the facility detaining or admitting the Patient. Unless I am an employee of a state hospital or the U.S. Department of Veterans Affairs, I am not employed by such facility.

Date _____

Oisin P. MacSearraigh, M.D.

This certification of examination shall not be accepted or used as evidence at any hearing under § 37.2-814 of the Code of Virginia (1950), as amended, UNLESS such examination be made within the five (5) days immediately preceding such hearing and provided there is no objection to the acceptance of same by the Patient or the attorney for the Patient. The positive certification of at least one independent examiner is necessary to commit the Patient.

Information Concerning The Patient

(NOTE: PREADMISSION REPORT DATA REGARDING THE PATIENT IS HEREBY INCORPORATED, & THE FOLLOWING NOTES ARE SUPPLEMENTAL TO THAT REPORT):

Symptoms: _____

OTHER suicidal ideation / behavior: _____

OTHER assaultive or homicidal ideation / behavior: _____

If mentally retarded, intellectual level, if known: _____

OTHER previous psychiatric care? Yes No Unknown

If yes, **OTHER** hospital, clinic, or private psychiatrist treatment (**not stated in the prescreening report**):

OTHER alcohol/drug history: _____

State briefly any present or recent physical disease, illness or injury **not stated in the prescreening report**:

Known medications **not stated in the prescreening report**: _____

VIRGINIA: IN THE GENERAL DISTRICT COURT OF THE CITY OF RICHMOND

CASE #: _____

IN RE: _____, Patient

Facility: _____

CERTIFICATIONS AND ORDER FOR INVOLUNTARY ADMISSION TO A PUBLIC OR LICENSED PRIVATE FACILITY

THIS ORDER AND THE CERTIFICATIONS HEREIN SHALL BE ATTACHED TO AND INCORPORATED INTO DMH 1006; ANY PROVISION INCONSISTENT WITH THE CERTIFICATION AND ORDER IS HEREBY VACATED, AND ALL CONSISTENT PROVISIONS SHALL REMAIN IN FULL FORCE AND EFFECT

[] THE PATIENT DOES NOT MEET THE CRITERIA FOR INVOLUNTARY COMMITMENT. The case is **DISMISSED**, and the Facility is directed and ordered to discharge and release the Patient from custody as soon as possible.

To: the Director of the referenced Facility and to the Sheriff or other authorized officer of the City of Richmond, Virginia, or:

[] this Sheriff / other authorized officer / other person pursuant to Va. Code § 37.2-830: _____

On this date I, the undersigned judicial officer, conducted a hearing commenced by the annexed petition in which I observed the Patient, who was alleged in need of hospital care and treatment. After the report and certifications required by Va. Code § 37.2-815 were presented by an independent examiner, after the prescreening report required by Va. Code § 37.2-816 was presented by the Community Services Board, after any further evidence admitted in the hearing was presented, and following argument of undersigned counsel, whose endorsement below certifies compliance with Va. Code § 37.2-814, was considered, I found that the Patient:

- [] Presents an imminent danger to himself or herself as a result of mental illness; and / or
[] Presents an imminent danger to others as a result of mental illness; and / or
[] Has otherwise been proved to be so seriously mentally ill as to be substantially unable to care for himself or herself.

Furthermore, I found:

[] A. The alternatives to involuntary hospitalization and treatment were investigated and were deemed suitable. I have found that there is a less restrictive alternative to involuntary hospitalization and treatment and, therefore, I direct and Order that the Patient receive treatment in accord with the following:

[] 1. The Patient is capable and willing to accept VOLUNTARY ADMISSION AND TREATMENT. The terms of "Application for Voluntary Admission" (DMH form 1006-B) have been explained to the Patient, who by endorsement hereto agrees to remain an inpatient in the hospital until released, or for at least 72 hours from _____, and to give 48 hours written notice of intent to leave at the end of such period.

Seen and agreed: (Patient)

[] 2. Having found that (i) the Patient has the degree of competency necessary to understand and comply with the stipulations and processes of treatment, (ii) the Patient expressed an interest in living in the community and agreed to abide by the treatment plan detailed in the hearing, (iii) treatment as ordered by the Court can be delivered on an OUTPATIENT TREATMENT BASIS, and (iv) such treatment can be monitored by the community service board or designated providers, therefore: Treatment as designated by the Community Services Board (or private provider, _____), including day/night treatment, outpatient involuntary treatment with anti-psychotic and related medications, and any other course of treatment necessary to meet the needs of the Patient is Ordered, including specifically but not limited to ABSTINENCE FROM NON-PRESCRIBED CONTROLLED SUBSTANCES FOR 180 DAYS, IMMEDIATE ENTRY INTO TREATMENT, COMPLIANCE WITH MEDICATIONS PRESCRIBED IN THE TREATMENT, AND:

[] B. The Patient cannot or will not volunteer for treatment; alternatives to involuntary confinement and treatment are unsuitable; there is no less restrictive alternative to involuntary confinement and treatment, and the Patient shall be placed in the below listed facility for INVOLUNTARY HOSPITALIZATION AND TREATMENT for a period not to exceed 180 days from the date of this order. I therefore command you, the said Sheriff, other officer or responsible person designated above, to detain, restrain and deliver the Patient to the Director of the below indicated facility:

- [] Chippenham Hospital, / Tucker Pavilion, Richmond, Virginia || [] Medical College of Virginia, Richmond, Virginia
[] Richmond Community Hospital, Richmond, Virginia || [] St. Mary's Hospital, Richmond, Virginia
[] The Veterans Administration Hospital System, including McGuire V.A. Hospital & any other Veteran's Hospital in the Commonwealth of Virginia
[] _____

[] FACILITY TO BE DESIGNATED BY COMMUNITY SERVICES BOARD OR COMMISSIONER:

{Staff at hearing facility authorized to indicate in writing the hospital/facility designated by the Community Services Board or the Commissioner, Va. Code § 37.2-817 (B)}

If admission is denied pursuant to Va. Code § 37.2-823, the sheriff or other person above directed may return the Patient to this jurisdiction.

Date: _____

Enter: _____

R. Shawn Majette, Special Justice, 400 N. 9th Street, Room 203, Richmond, Virginia 23219 804/646-6641

Seen: _____

Attorney for the Patient

VIRGINIA: IN THE GENERAL DISTRICT COURT OF THE CITY OF RICHMOND

CASE #: _____

IN RE: _____, Patient

Facility: _____

CERTIFICATIONS AND ORDER FOR INVOLUNTARY ADMISSION TO A PUBLIC OR LICENSED PRIVATE FACILITY

THIS ORDER AND THE CERTIFICATIONS HEREIN SHALL BE ATTACHED TO AND INCORPORATED INTO DMH 1006; ANY PROVISION INCONSISTENT WITH THE CERTIFICATION AND ORDER IS HEREBY VACATED, AND ALL CONSISTENT PROVISIONS SHALL REMAIN IN FULL FORCE AND EFFECT

[] THE PATIENT DOES NOT MEET THE CRITERIA FOR INVOLUNTARY COMMITMENT. The case is **DISMISSED**, and the Facility is directed and ordered to discharge and release the Patient from custody as soon as possible.

To: the Director of the referenced Facility and to the Sheriff or other authorized officer of the City of Richmond, Virginia, or:

[] this Sheriff / other authorized officer / other person pursuant to Va. Code § 37.2-830: _____

On this date I, the undersigned judicial officer, conducted a hearing commenced by the annexed petition in which I observed the Patient, who was alleged in need of hospital care and treatment. After the report and certifications required by Va. Code § 37.2-815 were presented by an independent examiner, after the prescreening report required by Va. Code § 37.2-816 was presented by the Community Services Board, after any further evidence admitted in the hearing was presented, and following argument of undersigned counsel, whose endorsement below certifies compliance with Va. Code § 37.2-814, was considered, I found that the Patient:

- [] Presents an imminent danger to himself or herself as a result of mental illness; and / or
[] Presents an imminent danger to others as a result of mental illness; and / or
[] Has otherwise been proved to be so seriously mentally ill as to be substantially unable to care for himself or herself.

Furthermore, I found:

[] A. The alternatives to involuntary hospitalization and treatment were investigated and were deemed suitable. I have found that there is a less restrictive alternative to involuntary hospitalization and treatment and, therefore, I direct and Order that the Patient receive treatment in accord with the following:

[] 1. The Patient is capable and willing to accept VOLUNTARY ADMISSION AND TREATMENT. The terms of "Application for Voluntary Admission" (DMH form 1006-B) have been explained to the Patient, who by endorsement hereto agrees to remain an inpatient in the hospital until released, or for at least 72 hours from _____, and to give 48 hours written notice of intent to leave at the end of such period.

Seen and agreed: (Patient)

[] 2. Having found that (i) the Patient has the degree of competency necessary to understand and comply with the stipulations and processes of treatment, (ii) the Patient expressed an interest in living in the community and agreed to abide by the treatment plan detailed in the hearing, (iii) treatment as ordered by the Court can be delivered on an OUTPATIENT TREATMENT BASIS, and (iv) such treatment can be monitored by the community service board or designated providers, therefore: Treatment as designated by the Community Services Board (or private provider, _____), including day/night treatment, outpatient involuntary treatment with anti-psychotic and related medications, and any other course of treatment necessary to meet the needs of the Patient is Ordered, including specifically but not limited to ABSTINENCE FROM NON-PRESCRIBED CONTROLLED SUBSTANCES FOR 180 DAYS, IMMEDIATE ENTRY INTO TREATMENT, COMPLIANCE WITH MEDICATIONS PRESCRIBED IN THE TREATMENT, AND:

[] B. The Patient cannot or will not volunteer for treatment; alternatives to involuntary confinement and treatment are unsuitable; there is no less restrictive alternative to involuntary confinement and treatment, and the Patient shall be placed in the below listed facility for INVOLUNTARY HOSPITALIZATION AND TREATMENT for a period not to exceed 180 days from the date of this order. I therefore command you, the said Sheriff, other officer or responsible person designated above, to detain, restrain and deliver the Patient to the Director of the below indicated facility:

- [] Chippenham Hospital, / Tucker Pavilion, Richmond, Virginia || [] Medical College of Virginia, Richmond, Virginia
[] Richmond Community Hospital, Richmond, Virginia || [] St. Mary's Hospital, Richmond, Virginia
[] The Veterans Administration Hospital System, including McGuire V.A. Hospital & any other Veteran's Hospital in the Commonwealth of Virginia
[] _____

[] FACILITY TO BE DESIGNATED BY COMMUNITY SERVICES BOARD OR COMMISSIONER:

{Staff at hearing facility authorized to indicate in writing the hospital/facility designated by the Community Services Board or the Commissioner, Va. Code § 37.2-817 (B)}

If admission is denied pursuant to Va. Code § 37.2-823, the sheriff or other person above directed may return the Patient to this jurisdiction.

Date: _____

Enter: _____

R. Shawn Majette, Special Justice, 400 N. 9th Street, Room 203, Richmond, Virginia 23219 804/646-6641

Seen: _____

Attorney for the Patient