STATE OF MAINE
APPLICATION FOR EMERGENCY INVOLUNTARY ADMISSION
TO A PSYCHIATRIC HOSPITAL FROM PROGRESSIVE TREATMENT PROGRAM

TO THE DISTRICT COURT, Location _____:

Application and Certifying Examination

I hereby apply under 34-B M.R.S.A. § 3873-A(7)(B) for admission of _____
Client
to _____. I certify that:
psychiatric hospital

(a) I am a licensed _____ and that I am a member of the ACT team/community provider into
MD/DO/PhD/PA/NP/RN,CS
whose care the patient was committed in a proceeding under 34-B M.R.S.A. § 3873-A.

(b) I have been seeing the patient as part of my ACT team/community provider duties, and have conferred with other team members, and it is my opinion is that the client has failed to comply with an essential requirement of the client's treatment plan. Specifically,

_____

_____

_____

_____	_____	_____	_____
Date	Time	Medical Practitioner's Printed Name	Medical Practitioner's signature

Judicial Review and Endorsement

Upon review pursuant to 34-B M.R.S.A. § 3873-A, I find this application and certificate to be regular and in accordance with the law, and I hereby authorize _____to take
Person authorized to take client into custody
_____into custody and transport him or her to _____
Client Psychiatric hospital

_____	_____	_____	_____	_____
Date	Time	Judicial officer's printed name	Judicial officer's signature	Judicial officer's capacity (District, Probate or Superior Court Judge or Justice; Justice of the Peace)