

**EMERGENCY ADMITTANCE PURSUANT TO
CERTIFICATE OF A PEACE OFFICER**

To facility authorized by §71-919 to hold the individual who is the subject in custody:

Name of Facility: _____

Address: _____

_____, Nebraska _____

This is to inform you that I, _____, _____,
(Name of Peace Officer) (Badge Number)

have taken into custody _____
(Name and Address of Subject Taken into Custody)

on the _____ day of _____. I have personally observed this subject

or I have been informed by _____
(Name and Address of a Witness)

_____ who is a reliable person, and I believe that this subject is a mentally ill and dangerous person as described below:

For Mentally Ill (check applicable areas):

- Mentally Ill and Dangerous
- Substance Dependent

For Dangerous (check applicable areas):

Dangerous Towards Others - A substantial risk of serious harm to another person or persons within near future, as manifested by evidence of recent violent acts or threats of violence or by placing others in reasonable fear of such harm, or

Dangerous to Self - A substantial risk of serious harm to himself or herself within the near future, as manifested by evidence of recent attempts at, or threats of, suicide or serious bodily harm; or evidence of inability to provide for his or her basic human needs, including food, clothing, shelter, essential medical care, or personal safety.

The dangerousness indicated above is, in my opinion, likely to occur before Mental Health Board proceedings can be invoked unless this facility holds the subject in custody pursuant to this Certificate.

What behavior(s) indicate that this person is mentally ill: _____

What behavior(s) indicate that this person is dangerous: _____

- () Additional police report will be submitted (Reference this placement/admittance)
- () Additional information on the subject's behavior is included in a separate sheet identified as Attachment A which is attached hereto and incorporated herein by reference (Mental Health Emergency Assessment form).

I am therefore causing this person to be admitted to your facility.

Date: _____ Signed _____ (Peace Officer) Badge # _____

Name/Address of Law Enforcement Agency () _____
Phone

County

This certificate or a copy thereof must be forwarded immediately to the County Attorney.
(Neb. Rev.Stat. §71-919)