Mental Health Professional Certificate

(To be immediately forwarded to the county attorney upon completion) Neb. Rev. Stat. § 71-927.

TO: _____ COUNTY ATTORNEY,

OF _____ COUNTY, NEBRASKA

_____, is under my care as a result of an Emergency
(Name & Address of Subject)
Protective Custody placement, upon the certificate of a Law Enforcement Officer. The subject's evaluation was completed on _____ (a.m./ p.m.) on the _____day of _____, 200___.

□ _____
(Name & Address of Subject's spouse, legal counsel, guardian or conservator, and next of kin, if known)

□ _____
(Name & Address of anyone providing psychiatric or other care or treatment to the subject, if known)

□ _____
(Name & Address of any other person who may have knowledge of the subject's mental illness or substance abuse dependence who may be called as a witness at a mental health board hearing with respect to the subject, if known)

□ _____
(Name & Address of the medical facility in which the subject is being held for emergency protective custody and evaluation)

As a qualified mental health professional I certify that I have evaluated the subject since the subject was admitted for emergency protective custody and evaluation. It is my opinion that the above subject currently meets diagnostic criteria for the following mental disorders which are recognized utilizing criteria set out in most recent edition of the DSM.
Diagnosis: _____

_____

The above diagnosis is within a reasonable degree of □ psychiatric, □ psychological certainty and the Subject presents a substantial risk of serious harm within the near future to □ himself/herself, or □ others as a result of the above mental illness in the following ways: _____

_____

_____

It is therefore my opinion, within a reasonable degree of □ psychiatric, □ psychological certainty, that _____ is a mentally ill and dangerous person as defined by Neb. Rev. Stat. § 71-908.

Name of Facility: _____

Address of Facility: _____

BY: _____
(Name Certifying Mental Health Care Professional)

ADDRESS: _____

DATE: _____, 200___.

□ An evaluation was completed within 36 hours of admission and this certificate was executed within 24 hours after completion of the evaluation.