MENTAL HEALTH BOARD OF _____ COUNTY, NEBRASKA
Neb. Rev. Stat § 71-927, 71-928

IN THE INTEREST OF	)	CASE NO. _____
	)	
_____	)	
Alleged to be a Mentally	)	WARRANT OF ADMISSION
Ill and Dangerous Person	)	(Inpatient)

To: Administrator/Director of_____, an inpatient treatment facility located at _____ (Address).

At a proper hearing before the _____ County Mental Health Board on the _____ day of _____, 200___, (subject's Name) _____ was found to be a mentally ill and dangerous person and in need of custody and treatment. (See attached Mental Health Board Order).
You are hereby authorized to receive and keep said subject as a patient.

You are hereby authorized to transfer physical custody of said subject to any other inpatient treatment facility as may be appropriate and necessary without further order of the Mental Health Board.

The legal settlement of the subject, if known, is found to be in _____ County.
Dated this _____ day of _____, 200__.

Chairperson Board of Mental Health
By _____

You have received this warrant and a copy. The original is official notification of your authorization to take custody of the above named person. Please complete the information below and return the completed copy to:
Chairperson Mental Health Board, _____County
Address _____
City _____

ACCEPTANCE OF PATIENT

The above named subject was received by me this _____ day of _____.

_____
Director

_____
Institution

Upon delivery of the subject by Sheriff or other duly appointed individual, said subject
□ was or □ was not accompanied by another individual.
If accompanied, the name of the individual is _____.