

1 Code: 1217  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Telephone: \_\_\_\_\_  
5 Email: \_\_\_\_\_  
6 Self-Represented Litigant

7 IN THE FAMILY DIVISION  
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
9 IN AND FOR THE COUNTY OF WASHOE

10 In the Matter of: Case No. \_\_\_\_\_  
11 Dept. No. \_\_\_\_\_  
12 \_\_\_\_\_,  
13 (Name of proposed patient)

14 Person alleged to be a person in a mental health crisis.  
15 \_\_\_\_\_

16 PETITION FOR MENTAL HEALTH CRISIS HOLD

17 I declare as follows:

18 **1. I am ( check one):**

- 19  An officer authorized to make arrests in the State of Nevada.  
20  A physician,  physician assistant,  psychologist,  marriage and family therapist,  
21  clinical professional counselor,  social worker,  or registered nurse.  
22  The spouse,  parent,  adult child,  or legal guardian of a person alleged to be a  
23 person in a mental health crisis.  
24  Any other person who has a legitimate interest in a person alleged to be a person in a mental  
25 health crisis (*explain why you have a legitimate interest*): \_\_\_\_\_  
26 \_\_\_\_\_

27 **2. The proposed patient resides or can be found at:** \_\_\_\_\_  
28 \_\_\_\_\_

1 3. I have probable cause to believe that the proposed patient has the following mental illness(es):

2 \_\_\_\_\_  
3 \_\_\_\_\_

4 **4. Incidents.**

5 *Explain, in detail, what you witnessed to make you believe the proposed patient has a mental*  
6 *illness. Include any diagnosis, the dates the events occurred, who was present, and the full*  
7 *surrounding circumstances.*

8 a. Date: \_\_\_\_\_

9 Where did it happen (City, State)? \_\_\_\_\_

10 What Happened: \_\_\_\_\_

11 \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_

14 b. Date: \_\_\_\_\_

15 Where did it happen (City, State)? \_\_\_\_\_

16 What Happened: \_\_\_\_\_

17 \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
20 \_\_\_\_\_

21 c. Date: \_\_\_\_\_

22 Where did it happen (City, State)? \_\_\_\_\_

23 What Happened: \_\_\_\_\_

24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_

28 *Attach more pages if you need more room.*

1 5. I have probable cause to believe that the proposed patient is not fully capable of managing their  
2 own affairs and social relations because they are not fully capable of exercising self-control,  
3 judgment, or making decisions due to the mental illness(es) identified above, and therefore the  
4 person presents a substantial likelihood of serious harm to himself or herself or others such that  
5 without care of treatment, the proposed patient is at serious risk of:

- 6  Attempting suicide or homicide;
- 7  Causing bodily injury to himself or herself or others; or
- 8  Incurring a serious injury, illness or death resulting from complete neglect of basic needs  
9 for food, clothing, shelter, or personal safety.

10  
11 *Explain, in detail, what you witnessed to make you believe the proposed patient, as a result of*  
12 *their mental illness(es), is at serious risk of attempting suicide, homicide, causing bodily injury,*  
13 *or incurring serious injury, illness or death resulting from complete neglect of basic needs.*

14  
15 a. Date: \_\_\_\_\_

16 Where did it happen (City, State)? \_\_\_\_\_

17 What Happened: \_\_\_\_\_

18 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_

21 b. Date: \_\_\_\_\_

22 Where did it happen (City, State)? \_\_\_\_\_

23 What Happened: \_\_\_\_\_

24 \_\_\_\_\_

25 \_\_\_\_\_

26 \_\_\_\_\_

27 \_\_\_\_\_

28 *If more room is needed, attach additional sheets.*

1 6. I request that this Court issue an Order directing any peace officer to place the proposed patient  
2 on a mental health crisis hold and transport the proposed patient to a hospital.

3  
4  
5 I have read this document and the contents are true and correct of my own personal knowledge  
6 except for those things stated on what I believe to be true, and, for those matters, I do believe they  
7 are true.

8 This document does not contain the personal information of any person as defined by NRS  
9 603A.040.

10 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true  
11 and correct.

12  
13 Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

14  
15 Print Your Name: \_\_\_\_\_

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