

CERTIFICATE OF NEED
FOR INVOLUNTARY COMMITMENT UNDER TITLE 33, CHAPTER 6, PART 5,
TENNESSEE CODE ANNOTATED

I, _____, of the County of _____,

State of Tennessee, **certify** that I personally examined _____ on
_____, 2_____.
DATE

NAME OF PERSON EXAMINED

(Check One of the Following)

I am a licensed:

physician, or

psychologist designated as a health service provider.

If this certificate concerns a child under sixteen (16) years of age and is executed for the purpose of judicial commitment under Tenn. Code Ann. §33-6-502, I certify that I have professional experience with children.

In my professional opinion, based on my examination and the information provided, I **certify** that this person is subject to involuntary care and treatment under Tenn. Code Ann. §33-6-502 because the person:

1. has mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

2. **AND**, poses a substantial likelihood of serious harm because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person, **as shown by the following facts and reasoning:**

I understand that a person “poses a substantial likelihood of serious harm” IF AND ONLY IF:

- 1. A. The person has threatened or attempted suicide or to inflict serious bodily harm on such person, or
 - B. The person has threatened or attempted homicide or other violent behavior, or
 - C. The person has placed others in reasonable fear of violent behavior and serious physical harm to them, or
 - D. The person is unable to avoid severe impairment or injury from specific risks,
- AND**
- 2. There is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

SIGNATURE OF
EXAMINING PROFESSIONAL _____ DATE _____ *
Phone Number _____

* The date of execution of this certificate must be within three days of the examination.

Sworn to and subscribed before me this
____ day of _____, 2____.

Notary Public
My commission expires: _____