

CERTIFICATE OF NEED REQUIRED UNDER TENN.CODE ANN. §33-6-421  
FOR PROBABLE CAUSE HEARING

I, \_\_\_\_\_, of the County of \_\_\_\_\_,

State of Tennessee, **certify** that I personally examined \_\_\_\_\_ on  
NAME OF PERSON EXAMINED

\_\_\_\_\_, 2\_\_\_\_\_.  
DATE

*(Check all that apply)*

- I am a: \_\_\_\_\_ licensed physician, or  
\_\_\_\_\_ licensed psychologist designated as a health service provider, or  
**one of the following certified professionals designated by Commissioner of DMHDD**  
\_\_\_\_\_ licensed psychological examiner,\* or  
\_\_\_\_\_ licensed senior psychological examiner,\* or  
\_\_\_\_\_ certified social worker with two years of mental health experience,\* or  
\_\_\_\_\_ licensed social worker,\* or  
\_\_\_\_\_ licensed or certified marital and family therapist,\* or  
\_\_\_\_\_ licensed professional counselor,\* or  
\_\_\_\_\_ licensed or certified masters degreed nurse, who functions as a psychiatric nurse.\*

\*If the person is a licensed or certified professional designated by the Commissioner of Mental Health and Developmental Disabilities and the certificate supports emergency admission of an individual under the age of eighteen years, and the person's profession is other than a physician or psychologist, the person must have two years full-time mental health 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 Title 33, Chapter 6, Part 5, Tenn. Code Ann. because the person:

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

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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:**

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

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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:**

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I **certify** that if involuntary treatment is not continued the person's condition resulting from mental illness or serious emotional disturbance is likely to deteriorate rapidly to the point that the person would again be admissible under Tenn. Code Ann. §33-6-403.

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.

I conclude that this person is subject to admission to a hospital or treatment resource under Tennessee Code Annotated Title 33, Chapter 6, Part 4.

SIGNATURE OF  
EXAMINING PROFESSIONAL \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

PHONE NUMBER \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_