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

I, _____, of the County of _____
Name County

State of Tennessee, **certify** that I personally examined _____on
NAME OF PERSON EXAMINED

_____,
DATE Year

(Check One of the Following)

I am a licensed:

☐ physician, or

☐ psychologist designated as a health service provider and a licensed physician completed the other Certificate of Need required under this part, or

☐ qualified advanced practice provider, as defined in § 33–6–407(a), who is not in a collaborating agreement with the licensed physician who signed the other Certificate of Need required under this part.

☐ If this certificate concerns a child and is executed for the purpose of continued commitment under Tenn. Code Ann. § 33-6-421, 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 **certify** that if involuntary treatment is not continued the person's condition resulting from mental illness or serious emotional disturbance is likely to deteriorate to the point that the person would again be admittable 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, of
   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 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.

_____ _____ _____ a.m./p.m. *

SIGNATURE OF EXAMINING PROFESSIONAL | Date | Time Am/Pm

Phone Number: _____

Sworn to and subscribed before me this

_____day of _____, _____.

Day | Month | Year

_____

Notary Public

My commission expires: _____

Date

PATIENT IDENTIFICATION (Label)		Dept. of Mental Health and Substance Abuse Services
		CERTIFICATE OF NEED FOR PROBABLE CAUSE HEARING §33-6-421
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