

_____))
Plaintiff)
vs) No. _____
))
_____))
Defendant)

**FIRST OR FOLLOW UP NOTICE OF ADMISSION BY HOSPITAL OR
TREATMENT RESOURCE UNDER TENN. CODE ANN. §33-6-413**

1. The above-named person has been admitted under Tenn. Code Ann. §33-6-403 to _____, which is a:

(Check one)

- ____ state mental health institute.
____ facility under contract with the Tennessee Department of Mental Health and Developmental Disabilities.
____ private or local public facility not under Tennessee Department of Mental Health and Developmental Disabilities contract.

2. The chief officer has determined that this person is eligible for emergency commitment based on the certificates of _____ and _____, copies of which are attached, and on the following additional facts, if any, and conclusions:

3. *(Check one, if applicable)*

- The _____, is a licensed private or local public hospital or treatment resource, which has contracted with the Department of Mental Health and Developmental Disabilities to serve such persons in the region and has admitted the patient in conformity with its obligations under its contract

for emergency diagnosis, evaluation, and treatment.

OR

The _____ is a licensed private or local public hospital or treatment resource, and

A. _____, a parent, legal guardian, legal custodian, conservator, spouse, or an adult relative of the person, or any other person has made arrangements to pay the cost of care and treatment in this facility, OR

B. this facility chooses to accept the person when no third person has made arrangements to pay the cost.

If this is the follow-up notice to a previous oral notice to the judge: The Honorable _____, Judge of the General Sessions Court of _____ County was first notified of this detention on _____, _____, at _____ a.m./p.m.

Date

Time

The judge ordered this person:

(Check one)

_____ detained, pending a hearing on _____, _____, at _____ a.m./p.m.

Date

Time

_____ discharged, and the person was discharged on _____, _____,

Date

at _____ a.m./p.m., in conformity with the order.

Time

CHIEF OFFICER

DATE

ADDRESS

PHONE NUMBER

NAME of ATTORNEY for PLAINTIFF

ADDRESS

ADDRESS

PHONE NUMBER

BPR