Plaintiff Vs

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. §33-6-413 to

. which is a:

(Check one)

state mental health institute

facility under contract with the Tennessee Department of Mental Health and Substance Abuse Services

private or local public facility not under Tennessee Department of Mental Health and Substance Abuse Services 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:

## (Check one, if applicable) 3.

The \_\_\_\_\_\_, is a licensed private or local public hospital or treatment resource, which has contracted with the Department of Mental Health and Substance Abuse Services to serve such persons in the region and has admitted the patient in conformity with its obligations under its contract

PATIENT IDENTIFICATION (Label)		Dept. of Mental Health and Substance Abuse Services FIRST OR FOLLOW UP NOTICE OF ADMISSION UNDER §33-6-413			
MH-5098 (Rev.5/13)		Page 1 of 2	RDA-2305		

for emergency diagnosis, evaluation, and treatment.

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

Α.

MH-5098 (Rev.5/13)

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 not			<i>ptice to the jud</i> e of the Gener			
			s first notified			
Date	, 2	, at 	a.m./ ne	p.m.		
The judge ordered this pe <i>(Check one)</i>	erson:					
detained, pending	a hearing on		, 2	),		_ a.m./p.m.
		Da	te		Time	
discharged, and the	e person was	s discharged			, 2	/
at a.m./p	.m., in confo	rmity with t	Da ne order.	te		
Time						
	CHIEF OFFIC	ER		_	DATE	
	ADDRESS			_		
	PHONE NUM	BER		_		
				_		
	NAME of ATT	ORNEY for PL	AINTIFF			
	ADDRESS			_		
	ADDRESS			- 1		
	PHONE NUM	BER		_ I	BPR	-
NT IDENTIFICATION (Label)			Dept. of Menta	al Health a	nd Substance	e Abuse Service
					OW UP NO INDER §3	

Page 2 of 2

RDA-2305