IN THE	OF	COUNTY, TENNESSEE
In the Matter of)	
))	Docket No
Service Recipient)	

ORDER DIRECTING SERVICE RECIPIENT TAKEN INTO CUSTODY AND EVALUATED UNDER T.C.A. §33-6-612

This matter is based on the affidavit of ______ underT.C.A. §33-6-609.(Name of affiant)

- 1. The affidavit was introduced as evidence.
- 2. The affiant is not the treating qualified mental health professional of the service recipient.
- 3. The service recipient failed to appear in this court as ordered.

The court makes the following findings of fact: [Enter facts as to 1, 2, and 3, above.]

Therefore it is ORDERED:

- 1. The sheriff or a law enforcement officer shall serve this order on the service recipient and take him or her into custody.
- 2. The sheriff or law enforcement officer shall take the service recipient to:

(Name of treating qualified mental health professional or professional's substitute)

or, if unavailable, to:

(Name of community mental health center)

to determine whether the service recipient is in compliance with the mandatory outpatient treatment plan.

3. The sheriff shall transport the service recipient to ______

(Name of Hospital)

if the treating professional under 2 determines:

- (1) The service recipient is out of compliance with the treatment plan without good cause, and
- (2) (a) the service recipient cannot be put immediately in compliance with the mandatory outpatient treatment plan, or
 - (b) the service recipient cannot be expected to stay in compliance without further hospitalization, or
 - (c) the service recipient does not comply immediately with the mandatory outpatient treatment plan.

This recommitment is temporary pending a hearing disposing of these issues under T.C.A. §33-6-610.

- 4. If the treating professional does not refer the service recipient to the hospital as stated in 3, the sheriff shall release the person from custody.
- 5. The costs of these proceedings and a reasonable attorney's fee shall be assessed to the State of Tennessee in accordance with T.C.A. §33-3-503.

Judge

Entered this ______ day of ______, 20____.

Attorney for Service Recipient

Attorney for Service Provider