State of Maine Protective Custody Intake Form

SUBJECT NAME		**DOB**		**CALL #**	
ADDRESS		**CITY**		**DATE/TIME OF INCIDENT**	
LOCATION OF INCIDENT		**POLICE DEPARTMENT**	**Fort Fairfield Police**	**OFFICER NAME**	CIT Certified ☐
MEDICAL FACILITY NAME		**DOCTOR NAME**			
MENTAL ILLNESS	Yes ☐ No ☐ Unknown ☐	**Prior LE Contacts**	Yes ☐ No ☐ Unknown ☐		
KNOWN DIAGNOSIS	Depression ☐ Bipolar ☐ Anxiety/Panic ☐ PTSD ☐ Substance Dependence ☐ Mental Retardation ☐ Schizophrenia ☐ Other ☐ Unknown _____	**PENDING CRIMINAL CHARGES**	No ☐ Yes ☐ Charge_____ _____		
THREAT ASSESSMENT	None ☐ Suicide Threat ☐ Suicide Attempt ☐ Threat/Harm to Others ☐ Threat/Harm to Police ☐ Threat/Harm to Family ☐ Threat/Harm to Medical Staff ☐ Expressed Hopelessness ☐	**INJURIES**	Self Injury ☐ Bystander Injury ☐ Police Injury ☐ Relative Injury ☐ Medical/EMS Injury ☐ Hospitalized ☐ Not Hospitalized ☐		
SUBSTANCE ABUSE	Alcohol ☐ Marijuana ☐ Cocaine/Crack ☐ Methadone ☐ Prescription Med's ☐ Heroin ☐ Other ☐ _____	**WEAPON/ METHOD**	Firearm ☐ Edged Weapon ☐ Overdose ☐ Hanging ☐ Jumping ☐ Police ☐ Traffic ☐ Other ☐ _____		
BEHAVIOR SIGNS AND/OR INDICATORS	Intoxicated/Impaired ☐ Threats to Self ☐ Threat to Others ☐ Confused Speech ☐ Irrational Statements ☐ Irrational Behavior ☐ Unable to Care for Self ☐ Recent Negative Life Changing Events (Divorce, Job Loss, Death of Spouse etc.) ☐	**PRIOR HISTORY**	Suicide Attempts ☐ LE Protective Custody ☐ LE Non-Protective Custody ☐ Prior Violence ☐ Arrests ☐ Self Injury ☐ DV Assault ☐ Psychiatric History ☐		
		CURRENT COURT ORDERS	Protection from Abuse ☐ Protection from Harassment ☐ Criminal Trespass Notice ☐		
CURRENT MEDICATIONS	Taking ☐ Not Taking ☐ Overdosing ☐ Under Dosing ☐	☐ (Check, as applicable): The above person was taken into protective custody pursuant to 34-B M.R.S.A., § 3862. I have probable cause to believe that the person may be mentally ill and that due to that condition the person poses a likelihood of serious harm, or I am aware that the above person has an advance health care directive authorizing mental health treatment and I have probable cause to believe that the person lacks capacity. "Serious harm" means (1) a substantial risk of physical harm to the person as manifested by recent threats of, or attempts at, suicide or serious self-inflicted harm, or (2) a substantial risk of physical harm to other persons as manifested by recent homicidal or violent behavior or by recent conduct placing others in reasonable fear of serious physical harm, or (3) a reasonable certainty that the person will suffer severe physical or mental harm as manifested by recent behavior demonstrating an inability to avoid risk or to protect the person adequately from impairment or injury.				

Narrative Details
Provide a *BRIEF* incident overview to establish probable cause for protective custody
Use Specific Suicidal Comments made by the individual

* See Attached Statement or medical clearance

Copies should be retained by the transporting Law Enforcement Officer and the medical facility

OFFICER SIGNATURE		**DOCTOR/ ADMITTING NURSE SIGNATURE**	(Receipt acknowledged)
If Officers are relieved by another Law Enforcement Agency or Security			
OTHER LAW ENFORCEMENT AGENT & AGENCY	(Receipt acknowledged)	***REVISED 07/2021***	

1. Application. I hereby apply for emergency admission of:

_____ _____ _____ to a psychiatric hospital under 34-B
Proposed patient's FULL printed name (first, middle, last) gender date of birth

M.R.S. § 3863. I believe that the proposed patient is a **mentally ill person** because _____

_____, and as a result poses a **likelihood of serious harm** because
Grounds for belief about **mental illness**

_____. To my knowledge, the proposed patient
Grounds for belief about **likely harm, including nature of harm**

(*select one*): ☐ is not ☐ is (as of _____) currently being held at a hospital pursuant to a previously endorsed
Date detention began

application(s) for emergency involuntary admission to a psychiatric hospital (attached). At this time, (*select one*):

☐ An available psychiatric hospital has been identified for admission: _____
Name of psychiatric hospital

☐ An available psychiatric hospital has not yet been identified. The proposed patient is currently being held at

_____ and will remain there until an inpatient bed at a psychiatric
Name of hospital where proposed patient is currently located

hospital or other appropriate alternative is located subject to the requirements of 34-B M.R.S. § 3863(3).

_____ _____ _____ _____
Date Applicant's printed name Applicant's signature Applicant's capacity

Name and address of proposed patient's guardian, spouse, parent, adult child, next of kin, or friend:

_____

2. Certifying Examination. I hereby certify that: **(i)** I examined _____ today.
Proposed patient

(ii) In my opinion, the proposed patient is a **mentally ill person**, exhibiting the following **symptoms**: _____

_____

(iii) In my opinion, the proposed patient's **recent actions and behaviors** (not symptoms), described below, show that the proposed patient's illness poses a likelihood of serious harm under paragraph A, B or C.

☐ _____
A. Describe threats of or attempts at suicide or serious self-inflicted harm

☐ _____
B. Describe recent homicidal or violent behavior or recent conduct placing others in reasonable fear of serious physical harm

☐ _____
C. Describe recent behavior and how it shows inability to avoid risk or protect self from severe physical or mental harm

(iv) I have confirmed that adequate community resources are unavailable for care and treatment of the proposed patient's mental illness.

(v) I believe that the least restrictive form of transportation for the proposed patient's clinical needs is _____

_____.
Ambulance or other (please specify)

_____ _____ _____ _____
Date Time Examiner's printed name and qualification (*select one below*) Examiner's signature

☐ Licensed physician ☐ Licensed physician assistant ☐ Certified psychiatric clinical nurse specialist ☐ Certified nurse practitioner ☐ Licensed clinical psychologist

(Note on Section 3: The applicant must check which box applies and draw a single diagonal line crossing out the non-applicable section prior to submitting for judicial review and endorsement.)

☐ **3.A Judicial Review and Endorsement (Psychiatric Hospital Identified in Application).**

I find this application and certificate to be regular and in accordance with the law. The applicant has identified a psychiatric hospital and the proposed patient may be admitted to_____.
Name of psychiatric hospital

If the proposed patient is not currently at that hospital,_____is authorized
Person authorized to take proposed patient into custody

to take the proposed patient into custody and transport the proposed patient to that hospital.

Date	Time	Judicial officer's printed name	Judicial officer's signature	(District, Probate or Superior Court Judge or Justice; Justice of the Peace)

☐ **3.B Judicial Review and Endorsement (Psychiatric Hospital Not Identified in Application).**

(Note on Section 3.B: Both sections below must be completed to authorize the proposed patient's admission to a psychiatric hospital. Section 3.B.1 is completed if a psychiatric hospital is not yet identified in the application. Section 3.B.2 is completed, either by the same or a different judicial officer, once a psychiatric hospital is identified.)

(1) Initial Review and Endorsement: I find this application and certificate to be regular and in accordance with the law. No psychiatric hospital has been located as of the date of the certifying examination. The proposed patient may remain at the current hospital identified in the application pending the location of an inpatient bed at a psychiatric hospital or other appropriate alternative subject to the requirements of 34-B M.R.S. § 3863(3). If an available inpatient bed at a psychiatric hospital is located, and the emergency admission of the proposed patient is still sought, the applicant shall immediately notify a judicial officer for final review and endorsement in Section 3.B.2 below.

Date	Time	Judicial officer's printed name	Judicial officer's signature	(District, Probate or Superior Court Judge or Justice; Justice of the Peace)

(2) Final Review and Endorsement: The undersigned judicial officer has received notification (Form MH-100.B) from the applicant that a psychiatric hospital has been identified within the time periods permitted under 34-B M.R.S. § 3863(3). The proposed patient may be admitted to_____. If the proposed patient is
Psychiatric hospital

not currently at that hospital,_____is authorized to take the proposed patient into
Person authorized to take proposed patient into custody

custody and transport the proposed patient to that hospital.

Date	Time	Judicial officer's printed name	Judicial officer's signature	(District, Probate or Superior Court Judge or Justice; Justice of the Peace)

General Instructions:

A. Some of the terms used in this form have a particular meaning under the involuntary hospitalization statutory provisions in Title 34-B, Subchapter 4, including likelihood of serious harm, least restrictive form of transportation, mentally ill person, and psychiatric hospital. Refer to the statute for these definitions.

B. This form consists of three sections: Section 1 (application), Section 2 (certifying examination), and Section 3 (judicial review and endorsement) with options A and B depending on whether a psychiatric hospital is initially identified. For the form to be complete – and therefore authorize a proposed patient's admission to an identified psychiatric hospital – either Section 3.A or Section 3.B (not both) must be completed in full.

C. Following the completion of the certifying examination in Section 2, the applicant in all instances must immediately present the application and certificate to a Justice of the Superior Court, Judge of the District Court, Judge of Probate or a justice of the peace for review and endorsement even if a psychiatric hospital has yet to be identified.

D. The maximum period a hospital (*i.e.*, emergency department) may detain a proposed patient against their will prior to the identification of an available inpatient bed at a psychiatric hospital is 120 hours. This includes up to 24 hours following the submission of the application and certificate to a judicial officer, pending judicial review and endorsement; and two 48-hour periods during which time the hospital periodically determines that the individual continues to pose a likelihood of serious harm, undertakes its best efforts to locate an inpatient psychiatric bed, and notifies the Department of Health and Human Services of any detention exceeding twenty-four hours. See 34-B M.R.S. § 3863(3)(D)-(E). No further judicial review and endorsement is required during these two 48-hour periods. If the proposed patient cannot be safely released after the authorized maximum 120-hour period has lapsed and if there is still no psychiatric bed available, a new "Blue Paper" may be started.

E. The psychiatric hospital named in the application may decline to admit the proposed patient, in which case the transporting agency must return the proposed patient from the psychiatric hospital.

F. Once a judicial officer endorses the proposed patient's admission to an identified psychiatric hospital by completing either Section 3.A or Section 3.B (as applicable), then the proposed patient may be admitted to the psychiatric hospital. The application expires 3 days after the patient's admission to the psychiatric hospital, except that if the third day falls on a weekend or holiday, the application expires on the next business day following the weekend or holiday.

Section 1:

A. Any health officer, law enforcement or other person may complete Section 1. This section should only be completed once and cannot be altered or amended after it is presented to the certifying examiner in Section 2 and for judicial review and endorsement in Section 3.

B. The applicant must indicate by checking the appropriate box whether the proposed patient is currently being detained at a hospital pursuant to a prior "Blue Paper" application for emergency involuntary admission to a psychiatric hospital (*i.e.*, the proposed patient has already been held at a hospital involuntarily for at least one maximum up-to- 120-hour period). If so, the applicant should list the "date of detention" as when the first "Blue Paper" was initiated. The applicant must attach and provide all immediately preceding "Blue Paper" applications for the proposed patient to the judicial officer.

C. The applicant must indicate whether an available psychiatric hospital has been identified, and if so, must include the name of the psychiatric hospital.

D. If no psychiatric hospital has been identified and the proposed patient is currently located at a hospital (*i.e.*, at an emergency department) pending the availability of an inpatient bed at a psychiatric hospital or other appropriate alternative, the applicant must include the name of the current hospital.

E. The applicant should provide the name and address of the proposed patient's guardian, spouse, parent, adult child, or if none of those is known, either the next of kin or a friend, so that the psychiatric hospital can fulfill its obligation to notify such person upon the proposed patient's emergency admission.

Section 2:

A. Section 2 should only be completed once and cannot be altered or amended after it is presented for judicial review and endorsement in Section 3.

B. If a psychiatric hospital is identified in Section 1, the certifying examination must take place no more than two days before the patient is admitted to the psychiatric hospital.

C. The certifying examiner must describe both the symptoms of the mentally ill person and the recent actions and behaviors creating a likelihood of serious harm. The certifying examiner must check at least one box in Section 2.iii and provide the narrative information about recent actions or behaviors to support the opinion that the proposed patient's mental illness creates a likelihood of serious harm.

D. The grounds for the certifying examiner's opinion may be based on personal observation or on history and information from other sources considered reliable by the examiner, including, but not limited to, family members.

E. The certifying examiner should include the least restrictive form of transportation in Section 2.v, but if no transport is required, the examiner can note this is "N/A."

F. The certifying examiner must confirm that they are qualified as a "medical practitioner" under the statute by checking the appropriate box under the signature line.

Section 3:

A. The applicant must check the box for whether Section 3.A or Section 3.B applies and draw a single line crossing out the non-applicable section prior to submitting to a judicial officer for review and endorsement.

B. Section 3.A applies when a psychiatric hospital has been identified by the applicant in Section 1. Prior to submitting to the judicial officer for review and endorsement, the applicant must fill in the name of the psychiatric hospital and the transporter identified by the certifying examiner.

C. Section 3.B applies when a psychiatric hospital has not been identified in Section 1 and the proposed patient is to remain at a hospital until an inpatient psychiatric bed is available or another appropriate alternative is identified.

   1. If a judicial officer executes the initial review and endorsement in Section 3.B.1, this authorizes the hospital to hold the proposed patient against his or her will for up to a maximum duration of 120 hours. This includes the initial 24-hour period pending review and endorsement, and two 48-hour periods during which time further judicial review and endorsement is not needed if the requirements of 34-B M.R.S. § 3863(3)(D)-(E) are met.

   2. If a psychiatric hospital is identified during this maximum 120-hour hold period, and the applicant is still seeking the proposed patient's admission to a psychiatric hospital, the applicant shall immediately seek a judicial officer's final review and endorsement in Section 3.B.2. The applicant shall submit Form MH-100.B, *State of Maine "Blue Paper" Notification to Judicial Officer of Identification of Psychiatric Hospital*, along with a copy of the completed application (including all immediately preceding "Blue Paper" applications), certifying examination, and initial review and endorsement. On that same copy, the applicant must, in Section 3.B.2, fill in the name of the psychiatric hospital and the transporter identified by the certifying examiner before presenting to a judicial officer for final review and endorsement.

D. When a psychiatric hospital has been located (either at the time of the certifying examination in Section 2 or during the allowed hold periods thereafter), a proposed patient may be transported between the hours of 11:00 p.m. and 7:00 a.m. to the psychiatric hospital and held there for evaluation and treatment pending judicial endorsement (*i.e.*, in Section 3.A or Section 3.B.2) so long as the endorsement is obtained as soon as possible outside of these hours.