☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ (City/County)

Located at _____ (Court Address) Case No. _____

In the Matter of _____

PETITION FOR EMERGENCY EVALUATION

(Maryland Code, Health General Article § 10-620 et seq.)

The petitioner, _____ (Name of Petitioner), requests that this court order an emergency evaluation of _____ (Name of Person to be evaluated (Evaluee)) and in support of this petition states as follows:

1. Petitioner: Address _____
   Cell Phone/Pager # _____ Home Phone _____ Work Phone _____
   If petitioner is a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the evaluee, then the petitioner's specialty is _____ and the petitioner's license number is _____.
   Relationship to or interest in evaluee _____.
2. Evaluee: Address _____ DOB _____
   Sex _____ Race _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ Complexion _____
   Other _____
3. If not petitioner, name of spouse, child, parent, or other relative, or other individual interested in the evaluee:
   Name _____ Relationship _____
   Address _____
   Home Phone _____ Work Phone _____
4. A petition for emergency evaluation of the evaluee was filed previously on _____ (Date) and was ☐ granted ☐ denied.
5. The evaluee has been hospitalized in the past at the following facilities:

When	Where	Diagnosis

6. The evaluee currently is receiving psychiatric treatment from:

Name	Address	Phone

7. The evaluee has been prescribed the following medication for their mental disorder: _____
8. The evaluee ☐ **is** ☐ **is not** taking the medication as prescribed **OR** ☐ I do not know whether the evaluee is taking medication as prescribed.
9. The evaluee is demonstrating the following behavior that leads me to conclude that they currently have a mental disorder: _____ (Attach additional sheets if necessary)
10. The evaluee presents a danger to the life or safety of the evaluee or others because: _____ (Attach additional sheets if necessary)
11. The evaluee has access to the following firearms/weapons: _____

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

_____ (Date) _____ (Petitioner)

_____ (Fax) _____ (E-mail)

TO THE PETITIONER: You may be required to appear before the court. You have made the statements above under penalties of perjury. If an evaluation is ordered, it would be helpful if you could accompany the evaluee to the emergency facility and provide facility authorities with all information that is pertinent to this Petition. A petitioner who, in good faith and with reasonable grounds, submits or completes the Petition for Emergency Evaluation is not civilly or criminally liable for submitting or completing the petition.

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