

CERTIFICATION BY PEACE OFFICER

I am a sheriff, deputy sheriff, State police officer, county police officer, municipal or other local police officer, or Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to (Evaluatee), I have personally observed the Evaluatee or Evaluatee's behavior and, based on the observation or other information, have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluatee to (emergency facility) for evaluation.

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Date and Time

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Peace Officer

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Department ID Number

**CERTIFICATIONS BY
OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER**

I am a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, a licensed clinical marriage and family therapist, health officer or designee of a health officer. I have examined (Evaluatee). Based on the examination or other information, I have reason to believe that the Evaluatee has a mental disorder and presents a danger to the life or safety of the Evaluatee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluatee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

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Date and Time

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Physician or other Qualified Person under HG § 10-622

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License No.

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

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Date

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Peace Officer

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Department ID Number