

**MEDICAL EMERGENCY
TEMPORARY DETENTION PETITION**

Case No.

Commonwealth of Virginia VA. CODE §§ 37.2-1104; 53.1-40.1(F)

General District Court
 Circuit Court

.....
CITY OR COUNTY

.....
NAME OF RESPONDENT

.....
ADDRESS OF RESPONDENT

I,, a licensed physician, state that:
NAME OF PHYSICIAN

I attempted to obtain consent of the above-named respondent for treatment of the following physical or mental disorder

.....
The respondent is within the jurisdiction of the above-named court at

.....
NAME AND ADDRESS OF FACILITY

To the best of my knowledge, the respondent is incapable of making an informed decision, or is incapable of communicating such a decision, on treatment of the above-described physical or mental disorder because of:

the following physical or mental disorder:
 an undiagnosed physical or mental disorder whose symptoms are:

.....
I understand that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this respondent is not such a person to the best of my knowledge.

The medical standard of care calls for the following testing, observation or treatment of the above-described physical or mental disorder within the next twenty-four (24) hours (§ 37.2-1104) twelve (12) hours (§ 53.1-40.1(F)) to prevent death, disability or a serious irreversible condition:

.....
(Check and complete if applicable)

The respondent does not desire testing, observation or treatment because of the following religious practices:

.....
 Family member objections are:

.....
DATE AND TIME

.....
PHYSICIAN'S SIGNATURE

Oral petition by the above-named physician, who agreed with this transcription when it was read back to him or her.

.....
DATE AND TIME

.....
SIGNATURE OF JUDICIAL OFFICER