

**Using This Revisable PDF Form**

1. Copies
  - a. Original – to court.
2. Prepared by physician, psychiatrist, or clinical psychologist. See Using This Form, 4.a.
3. Attachments
  - a. Form DC-490, MEDICAL EMERGENCY TEMPORARY DETENTION ORDER
4. Preparation details –
  - a. The petition either is completed by the physician at the hospital emergency room, psychiatrist, or clinical psychologist or is given orally by the physician, psychiatrist, or clinical psychologist to the judge or magistrate, who transcribes the petition. If completed by the physician, psychiatrist, or clinical psychologist, Data Element Nos. 13 and 14 are completed. If given orally to a judge or magistrate, Data Element Nos. 15, 16, and 17 are completed.
  - b. Either Data Element Nos. 8 or 9 should be completed, but not both data elements.

**MEDICAL EMERGENCY  
TEMPORARY DETENTION PETITION**

Case No. **1** .....

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

General District Court  
 Circuit Court

**2**  
.....  
CITY OR COUNTY

**3**  
.....  
NAME OF RESPONDENT  PRISONER

**4**  
.....  
ADDRESS OF RESPONDENT

I, **5** ....., a licensed physician, or in the case of a prisoner sentenced  
NAME  
and committed to the Department of Corrections, a licensed physician, psychiatrist, or clinical psychologist, state that:

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

**6**  
.....

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

**7**  
.....  
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 condition because of:

the following physical or mental condition: **8** .....

an undiagnosed physical or mental condition whose symptoms are:

**9**  
.....

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:

**10**  
.....  
.....  
.....

within the next 24 hours, pursuant to § 37.2-1104, to prevent death or disability, or to treat an emergency medical condition that requires immediate action to avoid harm, injury or death.

within the next 12 hours, pursuant to § 53.1-40.1(F), to prevent death, disability or a serious irreversible condition.

(Check and complete if applicable)

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

**12**  Family member objections are:

**13**  
.....  
DATE AND TIME

**14**  
.....  
SIGNATURE OF PETITIONER

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

**16**  
.....  
DATE AND TIME

**17**  
.....  
SIGNATURE OF JUDICIAL OFFICER

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**Data Elements**

1. Court case number.
2. Court name. Check the appropriate box.
3. Name of patient who is the subject of the petition.
4. Address of patient (if known).
5. Name of licensed physician, psychiatrist, or clinical psychologist – petitioner.
6. Description of physical or mental condition.
7. Name and address of the medical facility where the patient is located when the petition is filed.
8. Check the first box if the physical or mental condition is known and describe the condition.
9. Check the box if the physical or mental condition has not yet been diagnosed and describe the symptoms.
10. Describe the testing, observation or treatment that is sought to be authorized through this case and check to indicate the statutory basis and the applicable time period.
11. Check if the patient objects to the testing, observation or treatment for religious reasons, and then describe the religious practices that cause the objection.
12. Check if the patient’s family members object to the testing, observation or treatment, and then describe the objections.
13. Date and time of signing by physician, psychiatrist, or clinical psychologist. See Using This Form, 4.a.
14. Signature of petitioner. See Using This Form, 4.a.
15. Check this box if the physician, psychiatrist, or clinical psychologist agrees with the contents of this petition when the magistrate read the transcription back to him or her, if applicable.
16. Date and time that contents were dictated orally by physician, psychiatrist, or clinical psychologist. See Using This Form, 4.a.
17. Signature of judicial officer taking oral petition. See Using This Form, 4.a.