Using This Revisable PDF Form

- 1. Copies
 - a. Original to court.
 - b. Second copy to respondent (patient), if possible.
 - c. To licensed physician conducting evaluation, if possible.
- 2. Prepared by physician or magistrate, if request made by oral petition.
- 3. Attachments none.
- 4. Preparation details –

If the petition is taken by phone, the magistrate must read the transcription of the petition back to the physician and indicate a date and time that the physician agreed to the transcription and insert his or her signature. The magistrate should print the physician's name in the signature blank for the physician.

MEDICAL EMERGENCY CUSTODY PETITION

Commonwealth of Virginia VA. CODE § 37.2-1103

		[] General District Court
	CITY OR COUNTY	
		3
NAME OF RESP	ONDENT	ADDRESS OF RESPONDENT
I,	4	a liganced physician state that
,	NAME OF PHYSICIAN	, a licensed physician, state that:
		services personnel on the scene and attempted to communicate with the concerning the cause of the respondent's incapacity.
I attempted to obt	ain consent of the respondent for	treatment of the following mental or physical disorder 5
	obtain such consent. within the judge's or magistrate'	
	NAME	6 AND ADDRESS OF LOCATION OF RESPONDENT
disorder, has refus	sed transport to obtain treatment,	ng an informed decision on treatment of the above-described mental or physic has indicated an intention to resist transport, and is unlikely to become capable ssary treatment within the time required for such decision because of:
[] the following	physical injury or illness:	
	ed physical injury or illness whose	
[] an undiagnose	a physical injury of inness whose	e symptoms are:
I understand that a shall not be consid knowledge. The medical stand	a person with dysphasia or other o lered incapable of giving informe	communication disorder who is mentally competent and able to communicate ed consent by law and the respondent is not such a person to the best of my owing testing, observation or treatment of the above-described disorder should
I understand that a shall not be consid knowledge. The medical stand be provided to pre	a person with dysphasia or other of dered incapable of giving informe lard of care indicates that the followent imminent and irreversible h	communication disorder who is mentally competent and able to communicate ed consent by law and the respondent is not such a person to the best of my owing testing, observation or treatment of the above-described disorder should arm:
I understand that a shall not be consid knowledge. The medical stand be provided to pre	a person with dysphasia or other of dered incapable of giving informe lard of care indicates that the followent imminent and irreversible h	communication disorder who is mentally competent and able to communicate ed consent by law and the respondent is not such a person to the best of my owing testing, observation or treatment of the above-described disorder should arm: 9
I understand that a shall not be consid knowledge. The medical stand be provided to pre	a person with dysphasia or other of dered incapable of giving informe lard of care indicates that the followent imminent and irreversible h event imminent and irreversible h lete if applicable) nt does not desire testing, observa	communication disorder who is mentally competent and able to communicate ed consent by law and the respondent is not such a person to the best of my owing testing, observation or treatment of the above-described disorder should arm: 9
I understand that a shall not be conside knowledge. The medical stand be provided to pre- (Check and compton [] The responder	a person with dysphasia or other of dered incapable of giving informed lard of care indicates that the followent imminent and irreversible h went imminent and irreversible h lete if applicable) nt does not desire testing, observa	communication disorder who is mentally competent and able to communicate ed consent by law and the respondent is not such a person to the best of my owing testing, observation or treatment of the above-described disorder should arm: 9 ation or treatment because of the following religious beliefs or basic values: 12
I understand that a shall not be conside knowledge. The medical stand be provided to pre- (Check and compton [] The responder	a person with dysphasia or other of dered incapable of giving informed lard of care indicates that the follower imminent and irreversible h event imminent and irreversible h lete if applicable) nt does not desire testing, observation 11	communication disorder who is mentally competent and able to communicate ed consent by law and the respondent is not such a person to the best of my owing testing, observation or treatment of the above-described disorder should arm:9

Case No. 1

Data Elements

- 1. Insert court case number.
- 2. Insert court name. Check appropriate box.
- 3. Insert name and permanent address of patient/respondent.
- 4. Insert name of licensed physician who is initiating the petition for emergency custody.
- 5. Describe the injury or illness.
- 6. Insert current location of patient.
- 7. Check this box and indicate a known physical or mental condition that is making the respondent unable or unwilling to consent to treatment.
- 8. Check this box and insert the symptoms of an unknown physical or mental condition that is making the respondent unable or unwilling to consent to treatment.
- 9. Insert a description of the testing, observation or treatment needed to prevent imminent and irreversible harm.
- 10. Check box and indicate the religious practices of the respondent that are the basis for his or her desire not to receive treatment.
- 11. Insert date and time when the petition is signed or requested.
- 12. Signature or printed name of the physician requesting Medical Emergency Custody Order. See Preparation Details under Using This Form.
- 13. Check this box if the physician agrees with the contents of this petition when the magistrate read the transcription back to him or her, if applicable.
- 14. Insert date and time when the magistrate read the transcription of the petition and it was agreed to by the physician, if applicable.
- 15. Signature of magistrate taking the oral petition, if applicable.