

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.

Date and Time

Peace Officer

Department I.D. No.

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.

Date and Time

Physician or other Qualified Person under HG § 10-622

License No.

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

Date

Peace Officer

Department I.D. No.