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| **NOTE: THIS NOTIFICATION MUST BE SUBMITTED TO THE PROBATE COURT WITHIN 48 HOURS OF ADMISSION, EXCLUSIVE OF SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STATE OF SOUTH CAROLINA | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | **PAGE 1** |
|  | | | | | | | | | | | | | | | | | | | | | | ) | | | | **IN THE PROBATE COURT** | | | | |  |
| COUNTY OF | |  | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | ) | | | | **NOTIFICATION OF EMERGENCY ADMISSION** | | | | | |
| (Affiant) | | | | | | | | | | | | | | | | | | | | | | ) | | | | **APPOINTMENT OF DESIGNATED EXAMINERS** | | | | | |
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| IN THE MATTER OF: | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | |
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| (A Person Alleged to be Mentally Ill) | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | |
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| TO THE JUDGE OF PROBATE COURT FOR THE ABOVE-NAMED COUNTY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| YOU ARE HEREBY NOTIFIED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (1) | That the above-named Affiant filed an Affidavit for Emergency Admission alleging that the above-named person is mentally ill and because of such condition is likely to cause serious harm, as defined in S.C. Code § 44-23-10(13), if not immediately hospitalized. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) | That the above-named person alleged to be mentally ill was examined by a licensed physician within the past seventy-two (72) hours, whose Certificate is attached hereto. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (3) | As a result thereof, he/she was admitted to | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | (NAME OF HOSPITAL OR FACILITY) | | | | | | | | | |
|  | on the | | | |  | | | day of | | | |  | | | | | | | , 20 | | | | | | |  | , in accordance with S.C. Code § 44-17-410. | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOW THEREFORE, pursuant to S.C. Code § 44-17-410(3), the undersigned has forwarded to you the Affidavit and Certificate of Licensed Physicians; and requests the appointment of the two Designated Examiners listed below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dated this |  | day of | | | | |  | | | | | | | | , 20 | | |  | | . | | | |  | | | | | | | |
|  |  |  | | | | |  | | | | | | | |  | | |  | |  | | | | (SIGNATURE OF MENTAL HEALTH REPRESENTATIVE) | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | (TYPED NAME) | | | | | | | | | | | |
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|  | | | | | | | |  | | |  | |  | | | | | | | (TITLE, NAME OF INSTITUTION) | | | | | | | | | | | |
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|  | | | | | | | |  | | |  | |  | | | | | | | (ADDRESS) | | | | | | | | | | | |
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|  | | | | | | | |  | | |  | |  | | | | | | | (TELEPHONE) | | | | | | | | | | | |
| **SCDMH FORM APR. 89 (REV. APR. 18) MH-FCC-2 M-133** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **APPOINTMENT OF TWO DESIGNATED EXAMINERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IT IS ORDERED that | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | , a licensed physician, and | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | shall examine the person alleged to be mentally ill. | | | |
| A report must be submitted to the Court within seven (7) days from the date of admission as to the mental condition of said person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| alleged to be mentally ill and his/her need for treatment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dated this |  | day of | | | | |  | | | | | | | , 20 | | | |  | | | . | | | | |  | | | | | |
|  |  |  | | | | |  | | | | | | |  | | | |  | | |  | | | | | Judge of Probate Court or Special Probate Judge for the above-named County | | | | | |
|  | | | | | | | , South Carolina | | | | | | |  | | | |  | | |  | | | | | | | | | | |
| **NOTE: WITHIN 48 HOURS OF RECEIPT OF THE AFFIDAVIT AND CERTIFICATE FROM THE PLACE OF ADMISSION, EXCLUSIVE OF SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS, THE PROBATE COURT SHALL CONDUCT A PRELIMINARY REVIEW OF THE EVIDENCE AND ISSUE EITHER AN: (i) ORDER FOR CONTINUED HOSPITALIZATION OR (ii) ORDER FOR RELEASE.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STATE OF SOUTH CAROLINA | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | **PAGE 2** |
|  | | | | | | | | | | | | | | | | | | | | | | ) | | | | **IN THE PROBATE COURT** | | | | |  |
| COUNTY OF | |  | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | ) | | | | **ORDER FOR CONTINUED HOSPITALIZATION** | | | | | |
| (Affiant) | | | | | | | | | | | | | | | | | | | | | | ) | | | | **AND FOR HEARING** | | | | | |
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| IN THE MATTER OF: | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | |
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| (A Person Alleged to be Mentally Ill) | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | |
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| Upon reviewing the Affidavit for Emergency Admission, the Certificate of Licensed Physician, and the additional documents submitted by the treatment facility (if any) in this matter, I find in these documents evidence that the above-named person is mentally ill and in need of emergency hospitalization. Based on that evidence, I determine that there is probable cause to continue the emergency detention of the above-named person pursuant to provisions of S.C. Code § 44-17-410. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IT IS SO ORDERED that said person shall be detained at | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | (NAME OF HOSPITAL OR FACILITY) | | | | | |
| for a period up to fifteen (15) days from the date of admission within which time he or she will be brought before the Court for a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hearing, unless previously discharged by an Order from this Court. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dated this |  | | | | day of | | | | |  | | | | | | | | , 20 | |  | | | | | . |  | | | | | |
|  |  | | | |  | | | | |  | | | | | | | |  | |  | | | | |  | Judge of Probate Court or Special Probate Judge for the above-named County | | | | | |
|  | | | | | | , South Carolina | | | | | | | | | |  | | | | | | |  | | | |  | | | | |
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| **SCDMH FORM APR. 89 (REV. APR. 18) MH-FCC-2 M-133** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STATE OF SOUTH CAROLINA | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | ) | | | | **IN THE PROBATE COURT** | | | | |  |
| COUNTY OF | |  | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | |  |
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|  | | | | | | | | | | | | | | | | | | | | | | ) | | | | **ORDER FOR RELEASE BASED ON NO PROBABLE** | | | | | |
| (Affiant) | | | | | | | | | | | | | | | | | | | | | | ) | | | | **CAUSE FOR EMERGENCY ADMISSION** | | | | | |
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| IN THE MATTER OF: | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | |
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| (A Person Alleged to be Mentally Ill) | | | | | | | | | | | | | | | | | | | | | | ) | | | |  | | | | | |
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| Upon reviewing the Affidavit for Emergency Admission, the Certificate of Licensed Physician, and the additional documents submitted by the treatment facility (if any) concerning the above named person, I find that probable cause does not exist to continue the emergency detention of the above-named person pursuant to S.C. Code § 44-17-410. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IT IS SO ORDERED that the Affidavit herein be dismissed and that said person be released from the facility in which he/she is presently detained. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dated this |  | | day of | | | | | | |  | | | | | | | | , 20 | |  | | | | | . |  | | | | | |
|  |  | |  | | | | | | |  | | | | | | | |  | |  | | | | |  | Judge of Probate Court or Special Probate Judge for the above-named County | | | | | |
|  | | | | | | | | | , South Carolina | | | | | | | | | | | |  | | | | | | | | | | |