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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.** |
|  |
| STATE OF SOUTH CAROLINA | ) |  | **PAGE 1** |
|  | ) | **IN THE PROBATE COURT** |  |
| COUNTY OF |       | ) |  |  |
|  | ) |  |  |
| EX PARTE: | ) |  |  |
|  | ) |  |  |
|       | ) | **NOTIFICATION OF EMERGENCY ADMISSION** |
| (Affiant) | ) | **APPOINTMENT OF DESIGNATED EXAMINERS** |
|  | ) |  |
| IN THE MATTER OF: | ) |  |
|  | )) |  |
|       |  |
| (A Person Alleged to be Mentally Ill) | ) |  |
|  |
| TO THE JUDGE OF PROBATE COURT FOR THE ABOVE-NAMED COUNTY: |
|  |
| YOU ARE HEREBY NOTIFIED:  |
|  |
| (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. |
|  |
| (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:  |
|  |  |  |  |
|       | and |       | . |
|  |
| Dated this |      | day of |       | , 20 |    | . |  |
|  |  |  |  |  |  |  | (SIGNATURE OF MENTAL HEALTH REPRESENTATIVE) |
|  |  |  |  |  |
|  |       |
|  | (TYPED NAME) |
|  |
|  |  |  |  |       |
|  |  |  |  | (TITLE, NAME OF INSTITUTION) |
|  |
|  |  |  |  |       |
|  |  |  |  | (ADDRESS) |
|  |
|  |  |  |  |       |
|  |  |  |  | (TELEPHONE) |
| **SCDMH FORM APR. 89 (REV. APR. 18) MH-FCC-2 M-133** |
|  |
| **APPOINTMENT OF TWO DESIGNATED EXAMINERS** |
|  |
| 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. |
|  |
| 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.** |
|  |  |  |  |
| STATE OF SOUTH CAROLINA | ) |  | **PAGE 2** |
|  | ) | **IN THE PROBATE COURT** |  |
| COUNTY OF |       | ) |  |  |
|  | ) |  |  |
| EX PARTE: | ) |  |  |
|  | ) |  |  |
|       | ) | **ORDER FOR CONTINUED HOSPITALIZATION** |
| (Affiant) | ) | **AND FOR HEARING** |
|  | ) |  |
| IN THE MATTER OF: | ) |  |
|       | ) |  |
| (A Person Alleged to be Mentally Ill) | ) |  |
|  |
| 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.  |
|  |
| 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. |
|  |  |  |  |  |
| Dated this |      | day of |       | , 20 |    | . |  |
|  |  |  |  |  |  |  | Judge of Probate Court or Special Probate Judge for the above-named County |
|       | , South Carolina |  |  |  |
|  |
| **SCDMH FORM APR. 89 (REV. APR. 18) MH-FCC-2 M-133**  |
|  |
| STATE OF SOUTH CAROLINA | ) |  |  |
|  | ) | **IN THE PROBATE COURT** |  |
| COUNTY OF |       | ) |  |  |
|  | ) |  |  |
| EX PARTE: | ) |  |  |
|  | ) |  |  |
|       | ) | **ORDER FOR RELEASE BASED ON NO PROBABLE** |
| (Affiant) | ) | **CAUSE FOR EMERGENCY ADMISSION** |
|  | ) |  |
| IN THE MATTER OF: | ) |  |
|  | ) |  |
| (A Person Alleged to be Mentally Ill) | ) |  |
|  |  |  |
| 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. |
|  |  |  |  |  |
| Dated this |      | day of |       | , 20 |    | . |  |
|  |  |  |  |  |  |  | Judge of Probate Court or Special Probate Judge for the above-named County |
|       | , South Carolina |  |