|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | | | | | | | | | | | | | ) | | | **FOR CHEMICAL DEPENDENCY &** | | | | |
|  | | | | | | | | | | | | | | | | | | ) | | | **APPOINTMENT OF DESIGNATED EXAMINERS** | | | | |
| IN THE MATTER OF: | | | | | | | | | | | | | | | | | | ) | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | )) | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| (A Person Alleged to be Chemically Dependent) | | | | | | | | | | | | | | | | | | ) | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 for Chemical Dependency alleging that the above-named person is suffering from chemical dependency and because of such condition is likely to cause serious harm to self or others if not immediately provided emergency care and treatment, as defined in S.C. Code § 44-52-50. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) | That the above-named person alleged to be chemically dependent was examined within the past forty-eight (48) hours by a licensed physician, whose Certificate is attached hereto. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) | As a result thereof, he/she was admitted to | | | | | | | | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | (NAME OF TREATMENT FACILITY) | | | | | | | |
|  | on the | | | | |  | | | day of | | |  | | | | , 20 | | |  | | | , in accordance with S.C. Code § 44-52-50. | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOW THEREFORE, pursuant to S.C. Code § 44-52-60(A) the undersigned has forwarded to you the Affidavit and Certificate of Licensed Physician; and requests the appointment of the two Designated Examiners listed below: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | and | |  | | | | | | | . | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dated this | |  | | | | | | | day of | | |  | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | (SIGNATURE OF TREATMENT FACILITY REPRESENTATIVE) | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | | | | | | | | |
|  | | | | | | | | | , 20 | |  | | | . | | |  | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | | (TYPED NAME) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | | (TITLE, NAME OF TREATMENT FACILITY) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | | (ADDRESS) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | | (TELEPHONE) | | | | | | | | |
| **SCDMH FORM JUL. 89 (REV. MAR. 19) MH-FCC-2 M-138 Pg. 1 OF 2** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPOINTMENT OF TWO DESIGNATED EXAMINERS** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| IT IS ORDERED that | | | | | | | |  | | | | | | | | | | | | | | | , a licensed physician, and | | |
|  | | | | | | | | | | | | | | | | | | | | | | shall examine the person alleged to be chemically dependent. | | | |
| The appointed Designated Examiners must each submit a report to the Court within five (5) days (exclusive of Saturdays, Sundays, and legal holidays) from the date of admission as to the condition of said person alleged to be chemically dependent 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 | | | |  | | | | | | | | |
| **SCDMH FORM**  **JUL. 89 (REV. MAR. 19) M-138 Pg. 1 OF 2**  **MH-FCC-2** | | | | | | | | | | | | |  | | | |  | | | | | | | | |
| **NOTE: WITHIN 48 HOURS (EXCLUSIVE OF SATURDAYS, SUNDAYS, AND LEGAL HOLIDAYS) OF RECEIPT OF THE AFFIDAVIT, CERTIFICATE OF LICENSED PHYSICIAN, AND NOTIFICATION OF ADMISSION FROM THE PLACE OF TREATMENT FACILITY, 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 Chemically Dependent) | | | | | | | | | | | | | | | | | | ) | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upon reviewing the Affidavit for Emergency Admission for Chemical Dependency, 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 chemically dependent 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 § 44-52-60(B). | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| IT IS SO ORDERED that said person shall be detained at | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | (NAME OF TREATMENT FACILITY) | | | | | |
| for a period up to twenty (20) 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 JUL. 89 (REV. MAR. 19) MH-FCC-2 M-138 Pg. 2 OF 2** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | |  |
| 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 Chemically Dependent) | | | | | | | | | | | | | | | | | | ) | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |  | | |  | | | | |
| Upon reviewing the Affidavit for Emergency Admission for Chemical Dependency, 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 § 44-52-60(B). | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |  | | | | | | | | |

**SCDMH FORM**

**JUL. 89 (REV. MAR. 19) M-138 Pg. 2 OF 2**

**MH-FCC-2**