IMMEDIATE DETENTION FORM

**Immediate Detention – I.C. 12-26-4-1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject Name:       | Age:     | DOB:       | Sex:  | Race:  | SSN:       |
| Street Address: |       | Subject transported to: |       |
| Location of Incident: |        | School (if juvenile):       |
| The undersigned officer believes the subject above suffers from: |
| A Psychiatric Disorder (mental illness)   | Intellectual Disability  |
| Substance Abuse/Addiction   |  Other (specify):  |        |
| **AND** is a danger to self and/or others and/or is Gravely Disabled **AND** in need of immediate hospitalization. |
| Describe in detail harmful acts or threats of harmful acts which indicate the person is dangerous to self or others. |
|       |
| Please indicate any further details that you feel are important (weapons in the home, etc.). |
|        |
| Witness/Reporting Person(s): Name/Address/Phone Numbers (if other than above): |
| Name: |       | Address: |       | Phone: |       |
| Name: |       | Address: |       | Phone: |       |
| Name: |       | Address: |       | Phone: |       |
| Relatives/Contact Person(s): Name/Address/Phone Numbers (if other than above): |
| Name: |       | Address: |       | Phone: |       |
| Name: |       | Address: |       | Phone: |       |
| Name: |       | Address: |       | Phone: |       |
| Nature of Incident: (check all that apply) | Threats/Violence/Weapons | Complainant Relationship (check) |
| [ ]  Criminal Charges | Did the detained subject brandish a weapon during police interview? | [ ] Self [ ] Partner/Spouse [ ] Parent |
| List:       |  | [ ] Boyfriend/Girlfriend [ ] Sibling |
| [ ]  Disorderly/disruptive behavior |  | [ ] Friend/acquaintance [ ] Business Owner |
| [ ]  Drug-related offense |  | [ ] Other Family member [ ] Other |
| [ ]  Neglect of self-care | If yes, Type of weapon [ ] Knife [ ] Gun [ ] Other:       | [ ] Police observation [ ] Unknown |
| [ ]  Nuisance (trespassing, loitering, etc.) |  | Prior Contacts |
| [ ]  Public Intoxication |  | Prior police contacts:  |
| [ ]  Suicide threat or attempt |  | Repeat Call: (within 24 hrs.):  |
| [ ]  Subject complaint |  | If yes, specify:       |
| [ ]  Theft/other property crime | Did the detained subject threaten violence toward another person? | Medication compliance?  |
| [ ]  Threats of violence to others  |  | Specify Medications if known:       |
| [ ]  Welfare check |  |  |
| [ ]  No information | If yes, whom (partner, officer, stranger, etc.)?       | Injuries |
| [ ]  Other:       |  | Officer Injured?   |
|  |  | Nature of Injury:       |
|  | Did subject injure or attempt to injure self?  | Patient Injured?  |
|  |  | Prior to officer arrival?  |
| Behaviors evident at the time of incident (check all that apply) | Injured during police intervention?  |
| [ ]  Disorientation/confusion | Explanation:       |
| [ ]  Delusions – fixed, false beliefs unchanged by logic. (specify below if known) |  |
| [ ]  Hallucinations – auditory, visual, tactile, olfactory. (specify below if known) |  |
| [ ]  Disorganized speech |  |
| [ ]  Manic (elevated/expansive mood, inflated self-esteem, pressured speech, flight of idea) |  |
| [ ]  Depressed (sadness, loss of interest in activities, loss of energy, feelings of worthlessness) | Nature of injury?       |
| [ ]  Unusually scared or frightened |  |
| [ ]  Belligerent or uncooperative (angry or hostile) |  |
| [ ]  Other: Specify       |  |
| Date: |       | Time of Call: |       | Time at scene: |       | Time finished Call: |       |
| Case #:        | Law Enforcement Agency:       |
| **Officer’s Name:**  | **Officer’s Signature:**  |  |