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:** | | | | | | |  | | | | | | |