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| STATE OF HAWAII  FAMILY COURT FIRST CIRCUIT | APPLICATION FOR EMERGENCY EXAMINATION AND TREATMENT | | | | CASE NUMBER  FC-M NO. | |
| IN THE INTEREST OF  RESPONDENT-SUBJECT | | SUBJECT’S INFORMATION NAME | | | | |
| CURRENT ADDRESS AND PHONE NO. | | | | |
| PERMANENT ADDRESS AND PHONE NO. | | | | |
| BIRTHDATE OR AGE | SEX   * FEMALE * MALE | | | MARITAL STATUS |
| If a subject is a minor, parent’s or guardian’s or custodian’s :  Name, Address, Phone No.:  Subject’s spouse, relative or friend, other than applicant:  Name, Address, Phone No., and Relationship:  Pursuant to HRS Chapter 334, the undersigned applies for emergency examination and treatment of the subject identified above and alleges as follows:   1. That he/she is a □ licensed physician, □ attorney    * member of the clergy, □ health or social service professional,    * a state or county employee in the course of his/her employment 2. That there is probably cause to believe the above-named person is    * mentally ill, □ suffering from substance abuse, and is imminently and substantially dangerous to    * self □ others   And is in need of care and/or treatment | | | | | | |
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FORM NO 272927 Continue on back page: ATTACHMENT ORDER AUTHORIZING APPLICATION FOR EMERGENCY

EMERGENCY EXAMINATION AND TREATMENT EXAMINATION AND TREATMENT

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| (3) That circumstances and reasons for his/her belief are alleged as follows or on the attached: (Include date, time and place of activity, whether based on first-had knowledge or information of another, and names and addresses of witnesses, if any.)  The applicant asks the court to enter a written order directing a police officer or other suitable person to take the above-named Subject into custody and deliver him to:  □ Queen’s Medical Center  □  for emergency examination and treatment.  I certify under penalty of perjury that the allegations made herein are true of my own knowledge except as to matters stated upon Information and belief which I believe are true also. | | |
| DATE | APPLICANT’S NAME | APPLICANT’S SIGNATURE |
| APPLICANT’S ADDRESS | | BUSINESS PHONE NO. |

FORM NO. 073927 APPLICATION FOR EMERGENCY

EXAMINATION AND TREATMENT