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EL PASO COUNTY ANNEX
320 S. CAMPBELL STREET, SUITE 200
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Office Phone (915) 273-3244

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APPLICATION FOR EMERGENCY DETENTION

Please submit the application to:

El Paso County Attorney's Office
Mental Health Unit
320 S. Campbell Street, Suite 200
El Paso, Texas 79901
Office Phone: 915-273-3244

Please email the Application in PDF format for Emergency Detention to the following:

Michele Rodriguez Michele.Rodriguez@epcounty.com

Marisol Nevarez MaNevarez@epcounty.com

Carl Jones CaJones@epcounty.com

**DEADLINE TO SUBMIT APPLICATIONS IS 12:00 NOON MONDAY THROUGH FRIDAY
UNTIL FURTHER NOTICE. ANY APPLICATION SUBMITTED AFTER THE 12:00 NOON
DEADLINE WILL BE PROCESSED ON THE NEXT BUSINESS DAY.**

Office Hours 8:00AM – 5:00PM
Monday–Friday

**Jail Magistrate's Office (ONLY
by Physician)**

FAX: (915) 546-2256

Phone: (915) 546-2077

APPLICATION FOR EMERGENCY DETENTION BY ANY ADULT

Date of Application _____ **Time:** _____

PLEASE READ EACH QUESTION THOROUGHLY BEFORE ANSWERING

**1. INFORMATION ON THE PERSON FOR WHOM YOU ARE SEEKING THE EMERGENCY
DETENTION:**

Name: _____ DOB: _____ AGE: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone#: _____ Cell#: _____ Other Contact#: _____

How long has the person been at their present address? _____

If the person CANNOT be found at his/her home address, please provide an address where the person CAN be found: _____ **Have you**

contacted law enforcement prior to submitting the Application for Emergency?

Detention? **YES** **NO**

If YES, when was the last time? _____

What was the outcome? _____

2. APPLICANT INFORMATION:

Applicant's Name: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone#: _____ Cell#: _____ OTHER#: _____

Place of Employment: _____

Work Address: _____ Work Phone#: _____

Email address _____

What is your relationship to the person for whom you are seeking an emergency detention?

When and where did you last see or hear from proposed patient?

Answer: _____

3. EVIDENCE OF MENTAL ILLNESS:

Does the person have a mental illness **diagnosis**? **YES** **NO**

If “**YES**”, what is the diagnosis? (e.g., *Bipolar disorder, schizophrenia*):

Answer: _____

When was the person diagnosed?

Answer: _____

Has this person been prescribed medication?

YES

NO

When was this person prescribed the medication?

Answer: _____

Has this person been taking their medication as directed?

YES

NO How

long has the patient been taking or not taking their prescribed medications?

Answer: _____

Which medications were prescribed to this patient?

Answer: _____

Who prescribed the Medications? **Answer:** _____

When did the patient last see the doctor? **Answer:** _____

4. RISK OF HARM TO SELF: YES NO

Please provide a detailed account of how this person has physically harmed, attempted to physically harm or threaten to harm him/herself within the past 10 days because of his/her mental illness.

PLEASE INCLUDE THE DATE(S) WHEN YOU PERSONALLY OBSERVED THE INCIDENT(S)

DATE (MUST BE WITHIN 10 DAYS OF APPLICATION TO INCLUDE TODAY)	SPECIFIC OVERT ACT PERSONALLY WITNESSED

5. RISK OF HARM TO OTHERS: YES NO

Please provide a detailed account of how this person has physically harmed, attempted to physically harm or threatened to harm another person within the past 10 days because of his/her mental illness. In addition, include the name of the person who received any injuries, and when it occurred.

PLEASE INCLUDE THE DATE(S) WHEN YOU PERSONALLY OBSERVED THE INCIDENT(S)

DATE (MUST BE WITHIN 10 DAYS OF APPLICATION TO INCLUDE TODAY)	SPECIFIC OVERT ACT PERSONALLY WITNESSED

6. BEHAVIOR:

To your knowledge, does this person eat, sleep and drink regularly? If not, please describe their eating and drinking habit and the length of time for this behavior. _____

Please describe the person's living conditions and indicate how long it has been this way.

Does this person have good hygiene, if not please give a detailed description of the person's condition and how long it has been this way.

7. Guardianship Information

Is this person under a guardianship?

YES

NO

If yes, when was the guardianship granted and under what circumstances? _____

Please provide contact information for guardian:

Name _____

Case number _____

Address _____

Phone _____

8. WITNESS INFORMATION:

Please list the names, addresses and phone numbers of any witnesses to the incidents you have described above.

NAME

ADDRESS

PHONE

COMMENTS BY APPLICANT (Use additional comments on page 7 if needed)

INITIAL THE FOLLOWING (**No check marks please**):

_____ I do certify that statements made in this application are true and correct.

_____ I have reason to believe the person named in this application poses an imminent risk of harm to themselves or others unless the person is immediately restrained.

_____ I have reason to believe that this person has a mental illness.

_____ I understand that there are consequences under the Texas Penal Code and the Texas Mental Health Code for falsifying any information or bringing this suit for any reason other than to obtain a mental health evaluation for this person.

_____ I further understand that I may be called to testify in court to the statements made in this application.

DATE

SIGNATURE

PRINTED NAME

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

FILED THIS _____ **day of** _____, **20** _____ **at** _____ **a.m. / p.m. with the office of the COUNTY CLERK.**

Deputy

Delia Briones, County Clerk

ADDITIONAL COMMENTS BY APPLICANT

[illegible]