

Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
2. Prepared by physician. See Using This Form, 4.a.
3. Attachments
 - a. Form DC-490, MEDICAL EMERGENCY TEMPORARY DETENTION ORDER
4. Preparation details –
 - a. The petition either is completed by the physician at the hospital emergency room or is given orally by the physician to the judge or magistrate, who transcribes the petition. If completed by the physician, Data Elements Nos. 13 and 14 are completed. If given orally to a judge or magistrate, Data Elements Nos. 15, 16, and 17 are completed.
 - b. Either Data Element Nos. 8 or 9 should be completed, but not both data elements.

**MEDICAL EMERGENCY
TEMPORARY DETENTION ORDER**

Commonwealth of Virginia VA. CODE §§ 37.2-1104; 53.1-40.1(F)

Case No. 1

☐ General District Court
☐ Circuit Court

2

CITY OR COUNTY

3

NAME OF RESPONDENT

4

ADDRESS OF RESPONDENT

6

5 ☐ Original Order ☐ Modified Order ☐ Termination Order

Upon information and advice given to the undersigned judge or magistrate ☐ in writing ☐ orally by

7

NAME OF PHYSICIAN

, a licensed physician, who stated that he attempted to obtain

consent of the above-named respondent for treatment of the following mental or physical disorder:

8

The physician further stated that:

1. The above-named respondent is an adult who is within the jurisdiction of the above-named court.

9

NAME AND ADDRESS OF FACILITY

2. To the best of his or her knowledge, the above-named respondent is incapable of giving informed consent to treatment of the above-described mental or physical disorder because of:

10 ☐ the following physical or mental disorder:

11 ☐ an undiagnosed physical or mental disorder whose symptoms are:

3. He or she understood that a person with dysphasia or other communication disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this patient is not such a person to the best of his or her knowledge.

12 4. The medical standard of care calls for the following testing, observation or treatment of the above-described injury or illness within the next ☐ twenty-four (24) hours (§ 37.2-1104) ☐ twelve (12) hours (§ 53.1-40.1(F)) to prevent death, disability or a serious irreversible condition:

12

Check and complete if applicable:

13 ☐ The patient does not desire testing, observation or treatment because of the following religious practices:

14 ☐ Family member objections are:

After considering these statements and taking into consideration all above-described recognized religious practices (if any) and family objections (if any)

15 ☐ I do not find probable cause to believe that the statutory requirements for the issuance of this order have been met.

16 ☐ I find probable cause to believe the above statements and to believe that the statutory requirements for the issuance of this order have been met, and I authorize for a period not to exceed ☐ twenty-four (24) hours ☐ twelve (12) hours:

--- temporary detention of the above-described patient by a hospital emergency room or other appropriate facility,
and

☐ testing, observation or treatment described above.

16 **OR**

☐ the following testing, observation or treatment

17 ☐ I order the termination of authorization previously ordered in this case based on information from

specifically

18

DATE AND TIME

19

☐ JUDGE ☐ SPECIAL JUSTICE ☐ MAGISTRATE

SEE WARNINGS AND NOTICES ON PAGE TWO OF TWO

Data Elements

1. Court case number.
2. Court name. Check the appropriate box.
3. Name of patient who is the subject of the petition.
4. Address of patient (if known).
5. Name of physician – petitioner.
6. Description of physical or mental disorder.
7. Name and address of the medical facility where the patient is located when the petition is filed.
8. Check the first box if the physical or mental disorder is known and describe the condition.
9. Check the box if the physical or mental disorder has not yet be diagnosed and describe the symptoms.
10. Describe the testing, observation or treatment that is sought to be authorized through this case and check to indicate the statutory basis and the applicable time period.
11. Check if the patient objects to the testing, observation or treatment for religious reasons, and then describe the religious practices that cause the objection.
12. Check if the patient’s family members object to the testing, observation or treatment, and then describe the objections.
13. Date and time of signing of petition by physician. See Using This Form, 4.a.
14. Signature of physician. See Using This Form, 4.a.
15. Check this box if the physician agrees with the contents of this petition when the magistrate read the transcription back to him or her, if applicable.
16. Date and time that contents were dictated orally by physician. See Using This Form, 4.a.
17. Signature of judicial officer taking oral petition. See Using This Form, 4.a.

WARNINGS AND NOTICES

If, before completion of authorized testing, observation or treatment, the physician determines that a person subject to this order has become capable of giving consent, the physician shall rely on the person's decision of whether to consent to further observation, testing or treatment. If, before issuance of this order or during its period of effectiveness, the physician learns of objection by a member of the person's immediate family to the testing, observation or treatment, he shall notify the court or magistrate, who shall consider the objection in determining whether to issue, modify or terminate the order. A person with dysphasia or other communications disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent.