State of Louisiana Department of Health and Hospitals OFFICE OF HUMAN SERVICES DIVISION OF MENTAL HEALTH ORDER OF PROTECTIVE CUSTODY

(To be completed by any parish coroner or judge of a court of competent jurisdiction of the State of Louisiana when a peace officer or other credible person executes a statement under private signature specifying that, to the best of his knowledge and belief, a person is mentally ill or suffering from substance abuse and is in need of immediate treatment to protect the person or others from physical harm.)

Name and address of p						
Name:	Age:	Ht/Wt:	Hair:	Eyes:	Race:	Sex:
Address:						
Petitioner:	Re	ationship:		Phone:_		
Address:	ning Phone:	ing Phone:				
Description of threats wh from substance abuse an						
Name of person to be to for immediate examinate emergency certificate, as	on by a physician to	determine if he		e voluntarily		dmitted by
DATE AND TIME SIGNED			PHYSICIAN			
		Or) Deputy Coroner				
Signed: Dist	rict Judge		De	eputy Coron	er	
This order for custody since Director of the treatment The person in custody since X	t facility or to the Cornall be examined with	oner's Office b in twelve hour	y the individ	ual who has	transported t	
(Petitioner)						
Transported by: SPD: CPSO:	Date and Time Ta	ken into Custo	ody:			
OPC received by Offic	er/Deputy:				Badge No	
Date:	F7.	Time:				