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**ATTESTATION OF PHYSICIAN: ORDERING INVOLUNTARY HOSPITALIZATION**

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*W.Va. Code §27-5-2a(b)(1)*

STATE OF WEST VIRGINIA,

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a licensed physician in the State of West Virginia or authorized hospital representative, hereby certifies that

\_\_\_\_\_ has been examined by an authorized physician who has determined in their expert opinion that this individual is addicted or is mentally ill and, because of his or her addiction or mental illness is likely to cause serious harm to himself, herself or to others if allowed to remain at liberty. Pursuant to *W. Va. Code §27-5-2a(b)(1)*, the examining physician orders the involuntary hospitalization of the individual for not more than 72 hours, subject to continued hospitalization as allowed under W.Va. Code Chapter 27, Article 5.

A copy of the attestation was provided to \_\_\_\_\_ and placed in his/her medical record on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Physician

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**VERIFICATION**

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I, \_\_\_\_\_, after making an oath or affirmation to tell the truth, say that the facts I have stated in this attestation are true to the best of my personal knowledge and belief; and if I have provided information given to me by others, I believe that information to be true

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This Verification was sworn to or affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Other Official

My commission expires on \_\_\_\_\_.