

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

Case No. _____ - MH - _____

IN RE: Involuntary Hospitalization of:

Criminal Case No. _____

(if applicable)

RESPONDENT

CHIEF MEDICAL OFFICER'S APPLICATION FOR FINAL COMMITMENT

W.Va. Code: §§27-5-3(g); 27-5-4(b),(c), and (l)(1); 27-4-1(d); 27-4-3(c); §27-6A-3; and §27-6A-4 et seq.

INSTRUCTIONS: Please **type** or **print clearly** all requested information and **check** any and all spaces which may be applicable. The application may be *denied* if essential information is omitted or unreadable. **A Form INV10/Form 904 evaluation certificate must be submitted with this application and must be attached.**

I/We, _____, M.D., Chief Medical Officer of _____, _____, mental health facility, and _____, an adult person having personal knowledge of the facts of the case, if different from the Chief Medical Officer identified above, hereby make application to the Circuit Court of the above named county for an order of final commitment of the above named Respondent and request that final commitment proceedings be held pursuant to the provisions of *West Virginia Code: § 27-5-4, et seq.*, and that the basis for this application is as follows:

[Initial the appropriate provision and complete]

1. _____ The Respondent was admitted to this facility on (*insert date of admission to facility*) _____ for further evaluation and treatment in accordance with *West Virginia Code: § 27-5-2 and 3* pursuant to an Order for Probable Cause Involuntary Hospitalization of the Circuit Court of _____ County, West Virginia, being the county where said Respondent [*check the following based upon the findings contained in the probable cause order*] _____ resides and/or _____ was found. - OR -
2. _____ This application is being made in accordance with West Virginia Code: § 27-4-3(c) within 96 hours of a request for release by Respondent, a voluntary patient at the above identified mental health facility who was admitted to this facility on [*insert date of admission to facility*] _____.
-OR-
3. _____ This application is being made in accordance with West Virginia Code: § 27-4-1(d) for a minor, age fourteen years or older, who has either objected to further voluntary treatment or for whom the parent or guardian who requested the minor's admission revoked his or her consent for voluntary treatment at the above identified mental health facility. The minor was admitted to this facility on [*insert date of admission to facility*] _____.
- OR -
4. _____ The Respondent was admitted to this facility on [*insert date of admission to facility*] _____ in accordance with W.Va. Code: §27-6A-1 *et seq.* pursuant to an Order of the Circuit Court of _____ County, West Virginia and [*check the following based upon the findings contained in the Order*] _____ committed for competency restoration in accordance with *W.Va. Code §27-6A-3* or _____ committed pursuant to an Order that found said Respondent not guilty by reason of mental illness in accordance with *W.Va. Code §27-6A-4*.

NOTICE:

If involuntarily committed, the patient against whom you are filing this application will be:

1. prohibited from possessing and receiving firearms, ammunition, and explosives, in some cases for his or her entire life,
2. required to immediately surrender ANY firearms owned or in his or her possession,
3. if committed for treatment of mental illness, reported to both federal and state database registries used for firearm purchases and permits/licenses to carry concealed weapons, as well as used by federal agencies for explosives prohibition, background checks, and other uses permitted by federal law or regulation, and
4. subject to future criminal charges for possession or receipt of firearms or ammunition. Conviction in West Virginia can result in a fine up to \$1,000.00 or jail time of up to one year. Federal conviction is a FELONY and can result in fines and jail time up to TEN years. (See, *W.Va. Code § 61-7-7 and 18 U.S.C.A. § 924(a)(2)*)

Persons seeking **voluntary** admission for treatment, who have NOT been involuntarily committed, are NOT subject to these prohibitions and requirements.

_____ *[Initial]* **THE NAMED RESPONDENT HAS BEEN OFFERED VOLUNTARY TREATMENT, BUT HAS EITHER REFUSED VOLUNTARY HOSPITALIZATION AND/OR TREATMENT, OR IS IN A MENTAL OR MEDICAL CONDITION PRECLUDING HIS OR HER ABILITY TO CONSENT TO VOLUNTARY HOSPITALIZATION AND/OR TREATMENT, OR, IF A MINOR, IS AGE FOURTEEN YEARS OF AGE OR OLDER AND HAS OBJECTED TO FURTHER VOLUNTARY TREATMENT OR FOR WHOM THE PARENT OR GUARDIAN HAS REVOKED CONSENT FOR FURTHER VOLUNTARY TREATMENT.**

5. Upon information and belief, the Respondent does not suffer ONLY from epilepsy, dementia, or an intellectual or developmental disability.

6. Based upon physician's examination as the same appears in the attached certificate [*attach Form INV 10 certificate*], the undersigned believes that the Respondent is: *[initial applicable diagnosis]*

_____ likely to cause serious harm to self or others due to what the applicant believes are symptoms of ADDICTION, and/or

_____ likely to cause serious harm to self or others due to what the applicant believes are symptoms of MENTAL ILLNESS, and

_____ if having been committed in accordance with W.Va. Code §27-6A-1 et seq., there is no less restrictive placement that is appropriate and available that assures that the Respondent remains safe to self or others.

The grounds and recent overt acts of the Respondent upon which such belief is based are as follows: ***State, in detail, the factual basis for such belief and a detailed listing of any and all recent overt acts upon which the belief is based and, if committed in accordance with W.Va. Code §27-6A-1 et seq., facts that establish that the Respondent is a foreseeable danger to self or others outside the hospital setting; add additional pages if necessary.***

The treatment recommended for the Respondent is not available in a setting less restrictive than a hospital with 24 hour-per-day supervision for the following reasons:

I/We, the applicant(s) whose signature(s) appears below, each under penalties of false swearing as provided by law, do hereby certify that the facts and allegations contained in this application are true to the best of our individual knowledge, information and belief, and insofar as they are stated to be upon information, I/We believe them to be true.

Given under my hand this _____ day of _____, _____.
(day) (month) (year)

CHIEF MEDICAL OFFICER

The foregoing application was taken, subscribed and sworn to (or affirmed) before me, the undersigned notary public, this _____ day of _____, _____.
(day) (month) (year)

[Affix notarial seal here.]

NOTARY PUBLIC

AND, IF APPLICABLE: [Initial here _____ if NOT APPLICABLE and Chief Medical Officer has personal knowledge of facts of the case.]

Given under my hand this _____ day of _____, _____.
(day) (month) (year)

ADULT PERSON WITH PERSONAL KNOWLEDGE OF THE FACTS OF THE CASE, IF DIFFERENT FROM CHIEF MEDICAL OFFICE ABOVE

[Additional Adult only necessary if Chief Medical Officer does NOT have personal knowledge of the facts of the case.]

The foregoing application was taken, subscribed and sworn to (or affirmed) before me, the undersigned notary public, this _____ day of _____, _____.
(day) (month) (year)

[Affix notarial seal here.]

NOTARY PUBLIC