

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

IN RE: VOLUNTARY ADMISSION OF: _____, A MINOR

DATE: _____ CASE NUMBER _____ -MH(VOL) - _____

**AFFIDAVIT FOR VOLUNTARY HOSPITALIZATION TRANSPORT BY SHERIFF
OF MINOR TO AND FROM MENTAL HEALTH FACILITY**

West Virginia Code: § 27-4-1(b) and § 27-5-10

INSTRUCTIONS:

- A. READ THOROUGHLY** as you will be swearing or affirming under oath all contents.
- B. All information requested must be provided if known. If unknown, you must state it is unknown.**
- C. All information provided must be printed, typed, or clearly readable.**
- D. Any affidavit which does not provide the necessary information or is unreadable, may be rejected or denied. Read and answer all questions carefully.**
- E. In this document, the affiant(s) is/are the parent(s) or guardian(s) requesting a transport order, and the minor is the person under eighteen years of age for whom transport is requested for voluntary hospitalization. See *West Virginia Code* § 27-4-1(a)(2) and (b) for more information.**
- F. You must have this affidavit notarized/made under oath or it will be denied.**

1. FULL name of minor's parent(s) or guardian(s) requesting transport order:

Name1: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

County of Residence: _____ **State of Residence:** _____

Telephone number: _____ **Cell number:** _____ **Work Telephone number:** _____

Initial applicable category for Name1: _____ Parent _____ Only Living Parent

_____ Parent with Physical Custody of Minor where Parents Living Separate and Apart

_____ Legal Guardian _____ Legal Co-Guardian

If you are the parent with physical custody of minor where parents are living separate and apart, are you the primary residential parent of the minor? Yes No Not Applicable If no, please explain:

Has the other parent been notified? Yes No If no, why? _____

When is the last time you had direct contact with the minor? (DATE) _____

If a second parent or co-guardian is requesting transport order, complete Name2 below:

Name2: _____

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ State of Residence: _____

Telephone number: _____ Cell number: _____ Work Telephone number: _____

Initial applicable category for Name2: _____ Parent _____ Legal Co-Guardian

When is the last time you had direct contact with the minor? (DATE) _____

2. I/We hereby certify that I/we, the parent(s) or guardian(s) listed above, have made application for voluntary admission/hospitalization of the minor subject of this affidavit to the following mental health facility in the state of West Virginia:

Name of West Virginia Mental Health Facility: _____

DATE application for admission to this facility was made: _____

(A) The application for admission to this facility was made by the parent(s) or guardian(s) listed herein
[Initial appropriate item] _____ in person, or by a notarized written application submitted by
_____ facsimile or _____ email.

(B) **[Initial appropriate item]**

- a. _____ The subject minor has been accepted for admission by the facility.
- b. _____ The application for admission is pending awaiting arrival and examination of the minor at the facility, and I/we have confirmed receipt of the application with the facility and their willingness to examine the minor for admission.

(C) **I/We hereby certify that the mental health facility to which the minor is requested to be transported has NOT declined admission of the minor either verbally or in writing.**

Address of Mental Health Facility: _____

City: _____ State: _____ Zip: _____

Telephone number of Mental Health Facility: _____

Is this Mental Health Facility a state hospital? Yes No

If yes, has the minor been reviewed and evaluated by a local mental health facility and recommended for admission to the state hospital? Yes No

3. FULL name of minor to be transported: _____

4. Identification Information of Minor: Date of Birth _____ / _____ / _____ ; Weight _____ ;
Hair Color _____ ; Hair Length _____ ; Gender _____ ;
Height _____ ; Eye Color _____ ; Race _____ ;

5. Minor's last known address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ State of Residence: _____

6. Minor's telephone number(s): **Initial if None** _____

Telephone number: _____ Cell number: _____ Work Telephone number: _____

7. Where is minor now? Provide name and address of present location:

Name of present location: _____

Address of present location: _____

City: _____ State: _____ Zip: _____

West Virginia County of present location: _____

Telephone number at location: _____

Provide directions if known: _____

8. Do you as the parent(s) or guardian(s) of the minor face circumstances that make you unable to transport the minor to the mental health facility? Yes No

If yes, list and describe any and all circumstances which prevent you or otherwise make you unable to transport the minor to the mental health facility:

Check here if additional pages are needed for this section

9. Is the minor violent or combative? Yes No

If yes, list and describe any and all recent acts which support your belief that the minor is violent or combative.

INCLUDE APPROXIMATE DATE(S) WHEN EACH ACT OCCURRED:

Check here if additional pages are needed for this section

10. Do you believe the minor is:

A. Addicted to drugs, alcohol and/or other substances? Yes No

If yes, list substances to which minor may be addicted or using at this time:

B. Mentally ill? Yes No

If yes, identify illness, if known, and explain:

C. A suicide risk? Yes No

If yes, explain:

D. Intellectually disabled? Yes No

E. In possession of weapons? Yes No

If yes, identify weapon(s), including all firearms:

F. In need of or under medical care for any physical condition or disease? Yes No

If yes, describe the condition or disease:

Would the condition or disease present any health risk in transport of the minor?

Yes No

If yes, describe health risk:

G. Taking any medications? Yes No

If yes, list medications and dosage:

I/We do hereby certify that I/we am/are the parent(s) and/or guardian(s) of the minor named herein and truly believe [*Initial applicable category(s)*] _____ the minor is violent or combative and/or _____ that I/we face other circumstances as detailed herein that make(s) the parent(s) or guardian(s) unable to transport the minor to or from the mental health facility. I/We therefore petition this court for an order requiring the sheriff of this county to transport the minor to and from the identified mental health facility in accordance to the provisions of *West Virginia Code*: § 27-4-1(b) and § 27-5-10.

I/We further certify, **UNDER PENALTIES OF FALSE SWEARING** as provided by law, that the information, statements and allegations contained in this Affidavit are true and accurate to the best of each of our knowledge, information and belief and constitute the sole basis and reasons for the making of this affidavit. I/We understand that if I/we knowingly provide **FALSE** information in this affidavit, I/we could be subject to a criminal charge of false swearing.

[NOTE: AFFIDAVIT MUST BE MADE UNDER OATH/NOTARIZED OR WILL BE DENIED]

DATE: _____

PARENT OR GUARDIAN SIGNATURE (Name1)

TIME: _____ o'clock AM PM

The foregoing Affidavit was subscribed and sworn to or affirmed before the undersigned authority
this _____ day of _____ *[month]*, _____ *[year]*, by

[Name of Affiant].

If notary - affix Notarial Seal]

NOTARY PUBLIC / CIRCUIT CLERK

My Commission Expires: _____

[If applicable, Name2 signature:]

DATE: _____

PARENT OR GUARDIAN SIGNATURE (Name2)

TIME: _____ o'clock AM PM

The foregoing Affidavit was subscribed and sworn to or affirmed before the undersigned authority
this _____ day of _____ *[month]*, _____ *[year]*, by

[Name of Affiant].

If notary - affix Notarial Seal]

NOTARY PUBLIC / CIRCUIT CLERK

My Commission Expires: _____

CONTINUATION SHEET

Use this continuation sheet to include any information that otherwise does not fit in the space(s) provided above.
