
**ATTESTATION OF AUTHORIZED STAFF PHYSICIAN
ORDERING INVOLUNTARY COMMITMENT**

W.Va. Code §27-5-2a(b)(1)

STATE OF WEST VIRGINIA,

COUNTY OF _____

I, _____, an authorized staff physician in the State of West Virginia, hereby certify that I have examined _____. Upon this examination, I have determined in my expert opinion that _____ is addicted or 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 West Virginia Code § 27-5-2a(b)(1), I am ordering the involuntary hospitalization of _____ for not more than 72 hours. If, in my opinion, _____ requires involuntary treatment longer than 72 hours, a mental hygiene petition shall be filed in accordance with West Virginia 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 Authorized Staff Physician

The foregoing attestation was taken, subscribed and sworn to before me by the said _____, authorized staff physician, in my said County and State on this, the _____ day of _____ [month], 20____ [year].

Given under my hand and **NOTARIAL SEAL**
[AFFIX NOTARIAL SEAL]

NOTARY PUBLIC

My Commission Expires: _____