



**APPLICATION FOR EMERGENCY COMMITMENT**

**TO: THE ADMINISTRATOR OF THE ROY LESTER SCHNEIDER HOSPITAL/  
MYRAH KEATING SMITH COMMUNITY HEALTH CENTER**

**FROM:** \_\_\_\_\_  
**(Name of Person making Application)**

**RE:** \_\_\_\_\_  
**(Name of Person to be Committed)**

\_\_\_\_\_ hereby applies to the Administrators  
**(Name of person making Application)**  
of the Roy Lester Schneider Hospital/ Myrah Keating Smith Community Health Center for the involuntary  
emergency commitment of \_\_\_\_\_ for treatment of mental illness for an  
**(Name of person to be Committed)**  
indefinite period of time as recommended by the treating \_\_\_\_\_  
**(Name of Licensed Physician or treating  
Paramedic)**

This application is made pursuant to 19 VIC Section 722 and is based on the following sworn facts: (If more space is needed attached additional sheets).

1. I live at \_\_\_\_\_  
**(Address of person making Application)**

2. I am the \_\_\_\_\_  
**(What is the relationship between person making application and person to be committed?)**

3. I have observed or am aware of the following behavior of the person to be committed:  
\_\_\_\_\_  
**(Describe the behavior of the person to be committed and give dates upon which it occurred).**

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4. \_\_\_\_\_  
(Describe the history of any past treatment or hospital admissions of the person to be committed including approximate dates of admission and release).

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5. The person to be committed has threatened, attempted, or inflicted physical harm on himself / herself or another and is likely to inflict physical harm on himself/herself or another unless committed, as evidenced by

\_\_\_\_\_  
(Describe in detail the conduct of the person to be committed which shows that he or she is dangerous, giving dates and place where the conduct took place.)

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6. The most recent dangerous conduct of the person to be committed occurred on \_\_\_\_\_ and consisted of \_\_\_\_\_  
(Date) (Describe conduct in detail)

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WHEREFORE, the undersigned prays that the Administrator will commit for emergency mental  
\_\_\_\_\_ treatment for the period of time for  
(Name of Person to be Committed)  
commitment as stated in 19 VIC Section 722(e).

DATED: \_\_\_\_\_  
(Person making the Application)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200

\_\_\_\_\_  
(Person Administering Oath)

\_\_\_\_\_  
(Title of Person Administering Oath)

(Check One)

\_\_\_\_\_ This Application is denied for the following reasons:

\_\_\_\_\_  
(State Reason for Denial)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ This Application is approved. I certify that the Roy L. Schneider is able to provide adequate and appropriate treatment for the person to be committed and that the treatment is likely to be beneficial.

\_\_\_\_\_  
HOSPITAL ADMINISTRATOR