

REQUEST FOR EMERGENCY EVALUATION

To the Summit County Probate Court

Name: _____

Probate Case #: _____

_____ is currently committed to the Summit County ADM Board by Court Order dated _____. As the treating psychiatrist in this case, I am requesting that the Probate Court issue an order requesting that the Sheriff apprehend this individual and transport him/her to the Portage Path Psychiatric Emergency Services for evaluation as to the need for admission to an inpatient facility. This is being requested at this time because:

- A change in behavior indicates this person is a danger to self if allowed to remain in the less restrictive setting.
- A change in behavior indicates this person is a danger to others if allowed to remain in the less restrictive setting.
- Other reason (specified below).

The following are the most recent dates of contact/assessment and the specific changes noted that have led to this request for an emergency evaluation:

The individual in question may be found at the following location(s):

Physician's Signature

Date of Request

FAX TO PROBATE COURT – 330-643-7843

