

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: INVOLUNTARY HOSPITALIZATION OF \_\_\_\_\_, RESPONDENT

DATE: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - MH - \_\_\_\_\_

If this application is GRANTED, distribute copies of this application and Detention Order (Form INV 4) to: Respondent, Respondent's Attorney, Prosecuting Attorney and the Regional Mental Health Center.

**APPLICATION FOR INVOLUNTARY CUSTODY FOR  
MENTAL HEALTH EXAMINATION**

[West Virginia Code: § 27-5-2]

DO NOT USE THIS FORM IF THE PERSON TO BE EXAMINED IS  
A JUVENILE OR INCARCERATED IN A JAIL, PRISON, OR OTHER  
CORRECTIONAL FACILITY

**INSTRUCTIONS TO APPLICANT:**

- A. READ THOROUGHLY the IMPORTANT INFORMATION TO APPLICANTS attached.
- B. All information must be printed or typed and be clearly readable.
- C. All information requested must be provided, if known. If unknown, you must state it is unknown.
- D. Any petition and application which does not provide the necessary information, or is unreadable, may be denied. Read and answer all questions carefully.
- E. Attach any documents, photos, emails, police reports, medical records or other such evidence for review and consideration.

1. FULL NAME OF PERSON TO BE EXAMINED [**RESPONDENT**]: \_\_\_\_\_

Identification Information of Respondent: DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_; WEIGHT \_\_\_\_\_;  
HAIR COLOR \_\_\_\_\_; HAIR LENGTH \_\_\_\_\_;  
SEX \_\_\_\_\_; HEIGHT \_\_\_\_\_; EYE COLOR \_\_\_\_\_; RACE \_\_\_\_\_.

2. RESPONDENT'S LAST KNOWN ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RESPONDENT'S TELEPHONE NUMBER: ( ) \_\_\_\_\_

3. PLACE OF BIRTH [*state or country*]: \_\_\_\_\_

4. WHERE IS RESPONDENT NOW? PROVIDE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROVIDE DIRECTIONS IF KNOWN: \_\_\_\_\_  
\_\_\_\_\_

5. THE RESPONDENT IS:

A. A RESIDENT OF \_\_\_\_\_ COUNTY, \_\_\_\_\_ STATE.

B. CURRENTLY PRESENT IN \_\_\_\_\_ COUNTY, \_\_\_\_\_ STATE.

6. APPLICANT'S [your] FULL NAME : \_\_\_\_\_ AGE: \_\_\_\_\_  
7. APPLICANT'S [your] MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
APPLICANT'S TELEPHONE NUMBER: WORK: (     ) \_\_\_\_\_ HOME: (     ) \_\_\_\_\_

**PLEASE PROVIDE A WAY TO CONTACT YOU PENDING THIS APPLICATION PROCESS. THE COURT AND/OR EVALUATOR MUST BE ABLE TO REACH YOU AT ALL TIMES DURING THIS PROCESS. THE HEARING WILL BE HELD AS SOON AS POSSIBLE AFTER THE RESPONDENT IS DETAINED. YOUR FAILURE TO APPEAR AT THE HEARING WILL RESULT IN THE APPLICATION BEING DISMISSED AND THE RESPONDENT BEING RELEASED.**

**If you do not want the Respondent to have your contact information, you may supply the information separately to the Court.**

8. WHAT IS YOUR RELATIONSHIP TO THE RESPONDENT? \_\_\_\_\_

9. DO YOU BELIEVE THE RESPONDENT IS:  
A.     ADDICTED TO DRUGS, ALCOHOL AND/OR OTHER SUBSTANCES     \_\_\_\_\_YES     \_\_\_\_\_NO  
IF YES, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

B.     MENTALLY ILL     \_\_\_\_\_YES     \_\_\_\_\_NO  
PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

10. DO YOU BELIEVE THE RESPONDENT, **BECAUSE OF MENTAL ILLNESS OR SUBSTANCE USE DISORDER**; IS LIKELY TO CAUSE SERIOUS HARM TO:

A.     HIM/HER SELF     \_\_\_\_\_YES     \_\_\_\_\_NO  
PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

B.     OTHER PEOPLE     \_\_\_\_\_YES     \_\_\_\_\_NO  
PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. LIST ANY AND ALL RECENT ACTS WHICH SUPPORT YOUR BELIEF THAT THE RESPONDENT IS LIKELY TO CAUSE SERIOUS HARM TO HIM/HER SELF AND/OR OTHERS. **INCLUDE APPROXIMATE DATE(S) WHEN EACH ACT OCCURRED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. IS RESPONDENT A SUICIDE RISK \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

B. IS RESPONDENT VIOLENT/HOMICIDAL \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

C. IS RESPONDENT IN POSSESSION OF WEAPONS? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

PLEASE IDENTIFY WEAPON(S), INCLUDING ALL FIREARMS: \_\_\_\_\_  
\_\_\_\_\_

12. LIST THE NAMES AND PHONE NUMBERS OF OTHER PERSONS WHO HAVE SEEN THE BEHAVIOR OR CONDITION OF THE RESPONDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU WANT THESE PEOPLE TO APPEAR AT HEARING ON THIS APPLICATION, YOU MUST CONTACT THEM DIRECTLY**

13. THE RESPONDENT IS CURRENTLY HOSPITALIZED \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE STATE WHERE HOSPITALIZED AND EXPECTED LENGTH OF STAY IN HOSPITAL: \_\_\_\_\_  
\_\_\_\_\_

14. THE RESPONDENT HAS BEEN UNDER THE RECENT CARE OF A PHYSICIAN \_\_\_\_\_ YES \_\_\_\_\_ NO

IF **YES**, STATE PHYSICIAN'S NAME, ADDRESS, AND PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

15. THE RESPONDENT IS IN NEED OF MEDICAL CARE FOR ANY PHYSICAL CONDITION \_\_\_\_ YES \_\_\_\_ NO

IF YES, DESCRIBE THE CONDITION/DISEASE: \_\_\_\_\_  
\_\_\_\_\_

THE RESPONDENT IS TAKING ANY MEDICATIONS \_\_\_\_\_ YES \_\_\_\_\_ NO

IF **YES**, LIST THE MEDICATIONS AND DOSAGE: \_\_\_\_\_  
\_\_\_\_\_

16. THE RESPONDENT NEEDS MEDICAL CARE, TREATMENT, OR HOSPITALIZATION THAT **WOULD PREVENT** EXAMINATION BY A MENTAL HEALTH PROFESSIONAL OR COURT APPEARANCE \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_



I, \_\_\_\_\_, the Applicant, do hereby certify that I truly believe that the Respondent, \_\_\_\_\_ is

suffering from substance use disorder and/or mentally ill and because of mental illness or substance use disorder is likely to cause serious harm to him/her self and/or others if allowed to remain at liberty, and should, therefore, be taken into custody for examination. I therefore petition that the Respondent be brought before the Court in order that the Court may determine what further actions, if any, are warranted according to the provisions of the West Virginia Code: § 27-5-2.

I understand that **MALICIOUS MAKING OF AN APPLICATION** (with intent to harm), to any circuit court or mental hygiene commissioner for the purpose of having another person declared mentally ill, or an inebriate (suffers from substance use disorder) **IS A CRIME** and can result in fine or imprisonment up to one year, or both as provided in West Virginia Code: § 27-12-1.

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

DATE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE