OBH-19
Rev. 03/2017

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF BEHAVIORAL HEALTH

REQUEST FOR PROTECTIVE CUSTODY

(To be completed by a peace officer or other credible person when, to the best of his knowledge and belief, a person is mentally ill or suffering from substance abuse and is in need of immediate treatment to protect the person or others from physical harm.)

NAME AND ADDRESS OF PERSON NEEDING TREATMENT: _____ _____	Race: _____ Sex: _____ Age: _____
NAME AND ADDRESS OF NEAREST RELATIVE, FRIEND, OR GUARDIAN: _____ _____	Relationship: _____ Telephone No.: _____

Statement of facts, including observations, leading to the conclusion that the person needing treatment is mentally ill or suffering from substance abuse and dangerous to himself/herself or others or gravely disabled.

Date and place of any dangerous acts or threats by person needing treatment:	Name, if known, of any other person who is in danger from person needing treatment:
Has the person needing treatment been encouraged to see treatment? (For example: at a community mental health center, private physician, etc.)	Is he/she unwilling to be treated on a voluntary basis?
List any attempts to contact a specific treatment facility or a specific physician in order to obtain an examination of the person needing treatment:	

To the best of my knowledge and belief, _____ is mentally ill or suffering from
(Name of Person Needing Treatment)

substance abuse and is in need of immediate treatment to protect himself/herself or others from physical harm.

_____ _____
Signature (If Peace Officer, please indicate) Date and Time of Signature