



State Standards Charts for Assisted Treatment Civil Commitment Criteria and Initiation Procedures by State

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TreatmentAdvocacyCenter.org

Introduction

This document contains critical state-by-state information about civil commitment laws and criteria for inpatient and outpatient treatment, emergency hospitalization for psychiatric evaluation, and initiating proceedings for court-ordered intervention in a mental health emergency.

Each chart may also be found as an individual document under [LEGAL RESOURCES](#) on the Treatment Advocacy Center site.

While we hope you find this document helpful, please note that the charts summarize only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

Assisted Psychiatric Treatment Inpatient and Outpatient Standards by State

The following chart captures the most essential information about the laws for inpatient and outpatient assisted treatment in each state - court-ordered treatment for symptoms of severe mental illness.

Please note that while this chart contains much of each standard's actual language, it summarizes only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

KEY TO CHART TERMS

“Need for treatment” - states whose civil commitment standards include a “need for treatment.” “Gravely disabled” standards authorize court-ordered treatment when inability to access food, shelter or other basics was judged to imperil physical safety. States where “gravely disabled” standards have been broadened to incorporate, at a minimum, the inability to make informed medical decisions or to seek psychiatric care are indicated below with an **x** in the “need-for-treatment” column. Twenty-seven states and the District of Columbia currently have “need-for-treatment” standards.

Assisted outpatient treatment (AOT) - states that authorize court-ordered outpatient treatment, also known as “assisted

treatment,” “AOT,” and by other names, depending on the state. States that only authorize assisted outpatient treatment as a condition of release from court-ordered hospitalization are *not* classified as states with AOT. Forty-four states have laws for assisted outpatient treatment; far fewer make effective use of those laws. States with AOT laws are indicated with an **x**.

Relevant code sections - sections where each state's civil commitment standards can be found. Statutory language is provided in [“State Standards for Assisted Treatment – Civil Commitment Criteria for Psychiatric Inpatient or Outpatient Intervention by State.”](#)

Standard - key elements of each state's requirement(s) for court-ordered treatment for symptoms of mental illness

Assisted Psychiatric Treatment: Inpatient and Outpatient Standards by State

State	Need for ¹ treatment	AOT ²	Relevant code sections	Standard ³
AL	X	X	ALA. CODE § 22-52-10.4 § 22-52-10.2	Inpatient: A real and present danger to self/others, without treatment will continue to suffer mental distress and deterioration of ability to function independently, and unable to make a rational and informed decision concerning treatment. Outpatient: Without treatment will continue to suffer mental distress and deterioration of the ability to function independently and the respondent is unable to make a rational and informed decision concerning treatment.
AK	X	X	ALASKA STAT. § 47.30.755 § 47.30.915(7), (10)	Inpatient and Outpatient: (1) Danger to self/others; (2) in danger from inability to provide basic needs for food, clothing, shelter, or personal safety; or (3) without treatment will suffer severe and abnormal mental, emotional, or physical distress causing deterioration of ability to function independently.
AZ	X	X	ARIZ. REV. STAT. § 36-540(A) § 36-501(5), (6), (16), (33)	Inpatient and Outpatient: (1) Danger to self/others; (2) in danger from inability to provide basic physical needs; or (3) likely to suffer severe and abnormal mental emotional or physical harm without treatment, likely to benefit from treatment, and substantially impaired capacity to make informed decisions regarding treatment.
AR	X	X	ARK. CODE ANN. § 20-47-207(c)	Inpatient and Outpatient: (1) Clear and present danger to self/others; (2) recent behavior or behavior history demonstrates that he/she so lacks the capacity to care for own welfare that there is a reasonable probability of death, serious bodily injury, or serious physical or mental debilitation; or (3) impaired understanding of need for treatment to point that is unlikely to, needs treatment to prevent relapse or deterioration, AND prior noncompliance a factor in placement in a psychiatric hospital, prison, or jail at least two (2) times in last forty-eight (48) months or a factor in committing one (1) or more acts, attempts, or threats of serious violent behavior in last forty-eight (48) months

¹ Any standard which, at a minimum, allows for the treatment of individuals based on the likelihood of serious mental harm or impairment due to a lack of treatment.

² Assisted outpatient treatment (also known as “outpatient commitment,” “involuntary treatment,” “mandatory treatment,” “court-ordered treatment” and by other terms, depending on the state)

³ Excludes some common or less important criteria, i.e. has mental illness, is 18 years old, services available, etc.

State	Need for treatment	AOT	Relevant code sections	Standard
CA		4	CALIF. WELF. & INST. CODE § 5250; § 5008(h)(1); § 5346(a)	Inpatient: (1) Danger to self/others or (2) unable to provide for basic personal needs for food, clothing, or shelter. Outpatient: Condition likely to substantially deteriorate, unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or act/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, likely needs to prevent meeting inpatient standard, and likely to benefit from assisted treatment.
CO	X	X	COLO. REV. STAT. § 27-65-111(1) § 27-65-102(9)	Inpatient and Outpatient: (1) Danger to self/others; (2) in danger of serious physical harm due to inability to provide essential human needs of food, clothing, shelter, and medical care; (3) cannot manage resources or conduct social relations so that health or safety significantly endangered and lacks capacity to understand this is so; or (4) criteria allowing for those in need of care of because of pending loss of support of a relative who is a caregiver.
CT			CONN. GEN. STAT. ANN. § 17a-498(c) § 17a-495(a)	Inpatient: (1) Danger to self/others or (2) in danger of serious harm from inability to provide for basic needs such as essential food, clothing, shelter or safety and unable to make a rational and informed decision concerning treatment.
DE		X	DEL. CODE ANN. tit. 16, § 5001(6) tit. 16, § 5010	Inpatient and Outpatient: Real and present danger to self/others/property, in need of treatment, and unable to make responsible decisions with respect to hospitalization.
DC		X	D.C. CODE ANN. § 21-545(b)	Inpatient and Outpatient: Danger to self/others.
FL		X	FLA. STAT. ANN. § 394.467(1) § 394.4655(1)	Inpatient: Unable or refuses to make responsible decisions with respect to voluntary placement for treatment AND either (1) without treatment, incapable of surviving alone or with the help of willing family or friends, and likely to suffer from neglect or refuse to care for himself/herself that will pose a real and present threat of substantial harm to well-being OR (2) danger to self/others, as evidenced by recent behavior. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in 36 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result in serious harm to self/others, and likely to benefit from assisted treatment.
GA	X	X	GA. CODE ANN. § 37-3-1(9.1) § 37-3-1(12.1)	Inpatient: In need of involuntary treatment AND (1) imminent danger to self/others, evidenced by recent overt acts or expressed threats of violence OR (2) unable to care for physical health and safety so as to create an imminently life-endangering crisis and in need of involuntary treatment. Outpatient: Based on treatment history or current mental status, requires outpatient treatment in order to avoid predictably and imminently becoming an inpatient and unable to voluntarily seek or comply with outpatient treatment.
HI	X	X	HAW. REV. STAT. § 334-60.2 § 334-121 § 334-1	Inpatient: In need of treatment AND either (1) imminent danger to self/others, including that of substantial emotional injuries to others; OR (2) unable to provide for basic personal needs for food, clothing, or shelter, unable to make or communicate rational decisions concerning personal welfare, and lacking the capacity to understand that this is so; OR (3) behavior and previous history indicate a disabling mental illness and unable to make rational decisions concerning treatment. Outpatient: Either previous inpatient hospital treatment for a severe mental disorder or substance abuse OR previously been imminently dangerous to self/others OR meets no.2, above AND capable of surviving safely in the community with available supervision; based on the treatment history and current behavior, treatment is needed to prevent deterioration predictably resulting in imminent danger to self/others; unable to make a rational decisions concerning treatment; and outpatient treatment ordered is likely to be beneficial.

⁴ Separate outpatient standard only available in counties that have adopted provisions established by Assembly Bill 1421 (2002) (a.k.a. Laura's Law); otherwise mandated outpatient treatment only permitted via conservatorship process.

ID	X	X	IDAHO CODE § 66-329(11) § 66-317(11), (12), (13)	Inpatient and Outpatient: (1) Danger to self/others or (2) lacks insight, unwilling/unable to comply with treatment, and risk of deterioration in future to danger to self/others (3) in danger of serious physical harm due to inability to provide for basic needs for nourishment, essential medical care, or shelter or safety, or (4) lacks insight, unwilling/unable to comply with treatment, and risk of deterioration in future to being in danger of serious physical harm due to inability to provide for basic needs for nourishment, essential medical care, or shelter or safety.
IL	X	X	405 ILL. COMP. STAT. 5/1-119 5/1-119.1	Inpatient: (1) Reasonable expectation of danger to self/others, (2) unable to provide for basic physical needs so as to guard against serious harm without the assistance of others, or (3) refuses or does not adhere to treatment, unable to understand need for treatment, and, if not treated, reasonably expected to suffer mental or emotional deterioration and become dangerous and/or unable to provide for basic physical needs. Outpatient: (1) Person would, in the absence of outpatient treatment, meet criteria for inpatient commitment; and outpatient treatment can only be reasonably ensured through court order; or (2) mental illness left untreated reasonably expected to result in qualification for inpatient commitment, and has more than once caused the person to refused needed outpatient care.
IN	X	X	IND. CODE ANN. § 12-7-2-53 § 12-7-2-96 § 12-26-7-5(a) § 12-26-14-1 § 12-26-6-8-(a)	Inpatient: (1) danger to self/others; or in danger of coming to harm because either (2) unable to provide for food, clothing, shelter, or other essential human needs OR (3) substantial impairment or obvious deterioration that results in inability to function independently. Outpatient: Same as for inpatient except must also be likely to benefit from the recommended outpatient treatment program and not be likely to meet inpatient standard if compliant with the recommended program.
IA		X	IOWA CODE § 229.14 § 229.1(16), (17)	Inpatient and Outpatient: Lacks sufficient judgment to make responsible decisions concerning treatment AND is either (1) a danger to self/others, including that of serious emotional injuries to family members and others OR (2) unable to satisfy need for nourishment, clothing, essential medical care, or shelter so that it is likely that the person will suffer physical injury, physical debilitation, or death.
KS		X	KAN. STAT. ANN. § 59-2946(f) § 59-2967(a)	Inpatient: Lacks capacity to make informed decision concerning treatment AND either (1) danger to self/others/property OR (2) substantially unable to provide for basic needs, such as food, clothing, shelter, health or safety. Outpatient: Same as for inpatient except must also be likely to comply with outpatient treatment order and not likely be danger to self/others/community while subject to outpatient treatment order.
KY		⁵	KY. REV. STAT. ANN. § 202A.026 § 202A.011(2)	Inpatient and Outpatient: Danger to self/others/family, including actions which deprive self/others/family of basic means of survival such as provision for reasonable shelter, food or clothing; can reasonably benefit from treatment; and hospitalization is the least restrictive form of treatment available.
LA		X	LA. REV. STAT. ANN. § 28:55(E)(1) § 28:2(3), (4), (10) § 28:66	Inpatient: (1) Danger to self/others or (2) unable to provide for basic physical needs, such as essential food, clothing, medical care, and shelter, and unable to survive safely in freedom or guard against serious harm. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result harm to self/others, and likely to benefit from treatment.

⁵Kentucky allows for only a 60-day period of AOT and a possible single 60-day renewal period that must be agreed to by all parties.

ME	X	X	ME. REV. STAT. ANN. tit. 34-B, § 3864(6)(A) tit. 34B, § 3801(4) tit. 34B, §3873-A	Inpatient: Inpatient hospitalization is the best available means for treatment of the patient, the Court is satisfied with the submitted treatment plan AND, based on recent actions or behavior, either (1) danger to self/others OR (2) severe physical or mental impairment or injury likely to result without treatment plus a determination that suitable community resources for his care and treatment are unavailable. Outpatient: Same as for inpatient OR in view of the person's treatment history, current behavior and inability to make an informed decision, a reasonable likelihood that the person's will deteriorate and in the foreseeable future pose a likelihood of serious harm
MD			MD. CODE ANN., HEALTH-GEN. § 10-632(e)(2)	Inpatient: Danger to self/others, in need of treatment, and unable or unwilling to be voluntarily admitted.
MA			MASS. GEN. LAWS ANN. ch. 123, § 8(a) ch. 123, § 1	Inpatient: (1) Danger to self/others or (2) very substantial risk of physical impairment or injury because unable to protect himself/herself in the community.
MI	X	X	MICH. COMP. LAWS § 330.1401	Inpatient and Outpatient: (1) Danger to self others; (2) unable to attend to basic physical needs such as food, clothing, or shelter necessary to avoid serious harm in the near future; or (3) unable to understand need for treatment and continued behavior reasonably expected to result in significant physical harm to self/others. Outpatient: Impaired understanding of the need for treatment makes voluntarily participation in treatment unlikely, noncompliant with recommended treatment necessary to prevent a relapse or harmful deterioration of condition, and history of noncompliance that includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in past 48 months.
MN		X	MINN. STAT. § 253B.09(1) § 253B.02(13), (17)(a) § 253B.065(5)	Inpatient: A clear danger to others OR the likelihood of physical harm to self/others as demonstrated by either (1) failure to obtain necessary food, clothing, shelter, or medical care as a result of impairment OR (2) inability to obtain necessary food, clothing, shelter or medical care and is more probable than not will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness OR (3) a recent attempt or threat to harm self/others OR (4) recent, volitional conduct involving significant damage to property. Outpatient: Meets one of the criteria from the inpatient standard AND either (1) manifestations interfere with ability to care for self and, when competent, would choose substantially similar treatment OR (2) has had at least two court-ordered hospitalizations in past three years, exhibits symptoms/behavior substantially similar to those precipitating one or more of those hospitalizations, and reasonably expected to deteriorate to inpatient standard unless treated.
MS	X	X	MISS. CODE ANN. § 41-21-73(4) § 41-21-61(e)	Inpatient and Outpatient: A substantial likelihood of physical harm to self/others as demonstrated by (1) a recent attempt or threat to harm self/others or (2) failure to provide necessary food, clothing, shelter or medical care. Explicitly includes person who, based on treatment history, is in need of treatment to prevent further disability or deterioration predictably resulting in danger to self/others if unable to make informed decisions concerning treatment.
MO		X	MO. ANN. STAT. § 632.335(4) § 632.005(10) § 632.350(5)	Inpatient and Outpatient: (1) Likelihood of serious harm to self/others ; (2) substantial risk that serious physical harm will result due to an impairment in capacity to make treatment decisions, evidenced by inability to provide for basic necessities of food, clothing, shelter, safety, medical care, or necessary mental health care. Evidence may also include past patterns of behavior.

MT	X	X	MONT. CODE ANN. § 53-21-126(1) § 53-21-127(7) § 53-21-102(9)(a)	Inpatient and Outpatient: In determining whether the respondent requires commitment, the court shall consider the following (1) whether substantially unable to provide for basic needs of food, clothing, shelter, health, or safety; (2) whether recently caused self-injury or injury to others; (3) whether imminent danger to self/others; and (4) whether the respondent's mental disorder, demonstrated by the respondent's recent acts or omissions, will, if untreated, predictably result in deterioration to meet considerations nos. 1, 2 or 3. Predictability may be established by the respondent's relevant medical history. Commitments based solely on consideration no. 4 must be on an outpatient basis.
NE		X	NEB. REV. STAT. § 71-925(1) § 71-925(4) § 71-908	Inpatient and Outpatient: (1) Danger to self/others, as manifested by recent threats/acts of violence or (2) substantial risk of serious harm evidenced by inability to provide for basic human needs, including food, clothing, shelter, essential medical care, or personal safety.
NV			NEV. REV. STAT. § 433A.310(1) § 433A.115	Inpatient: Clear and present danger of harm to self/others and diminished capacity to conduct affairs, social relations, or care for personal needs. Explicitly includes the inability, without assistance, to satisfy need for nourishment, personal/medical care, shelter, self-protection or safety which will result in a reasonable probability that death, serious bodily injury or physical debilitation will occur within immediately preceding 30 days.
NH	X	X	N.H. REV. STAT. ANN. § 135-C:34 § 135-C:27	Inpatient and Outpatient: A potentially serious likelihood of danger to self/others as evidenced by either (1) recent infliction of serious bodily injury, attempted suicide, or serious self-injury in last 40 days which is likely to reoccur without treatment; (2) threatened infliction serious bodily injury on self in last 40 days, and that without treatment an act or attempt of serious self-injury will likely occur; (3) lacks capacity to care for own welfare and a likelihood of death, serious bodily injury, or serious debilitation; (4) severely mentally disabled for at least one year, involuntary admission within last 2 years, refusal of necessary treatment and substantial probability that refusal will lead to death, serious bodily injury, or serious debilitation; OR (5) threatened, attempted or actual act of violence in last 40 days.
NJ		⁶ X	N.J. STAT. ANN. § 30:4-27.2(m), (r), (h), (i) § 30:4-27.5(b) § 30:4-27.10(g)	Inpatient and Outpatient: Danger to self/others/property, unwilling to be admitted voluntarily, and in need of treatment. Danger to self explicitly includes the inability, without assistance, to satisfy need for nourishment, essential medical care or shelter. Determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration.
NM			N.M. STAT. ANN. § 43-1-11(E) § 43-1-3(M), (N)	Inpatient: Danger to self /others, likely to benefit from treatment, and proposed commitment is consistent with treatment needs and least drastic means. Harm to self includes grave passive neglect.
NY	X	X	N.Y. MENTAL HYG. LAW § 9.31(c) § 9.01 § 9.60(C) Case Law	Inpatient: Danger to self/others, treatment in hospital is essential to welfare, and is unable to understand need for care and treatment. Outpatient: Unlikely to survive safely in community without supervision, history of noncompliance which includes two hospitalizations in past 36 months or acts/threat/attempt of violence to self/others in 48 months immediately preceding petition filing, unlikely to voluntarily participate, needs in order to prevent relapse or deterioration likely to result in serious harm to self/others, and likely to benefit from assisted treatment.

⁶ Outpatient law was effective August 11, 2010, but implementation was initially delayed by Governor Chris Christie. The law is scheduled to be phased in over the next three years.

NC	X	X	N.C. GEN. STAT. § 122C-268(j) § 122C-3(11) § 122C-267(h) § 122C-263(d)(1) § 122C-271(a)	Inpatient: Danger to self/others/property. Explicitly includes reasonable probability of suffering serious physical debilitation from the inability to, without assistance, either exercise self-control, judgment, and discretion in conduct and social relations; OR satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety. Outpatient: Capable of surviving safely in community with available supervision, in need of treatment to prevent further deterioration predictably resulting in dangerousness, and inability to make informed decision to seek/comply with voluntary treatment.
ND	X	X	N.D. CENT. CODE § 25-03.1-07 § 25-03.1-02(12)	Inpatient and Outpatient: Danger to self/others/property if not treated. Harm to self includes substantial likelihood of deterioration in physical health/substantial injury/disease/death, based upon recent poor self-control or judgment in providing shelter/nutrition/personal care; or substantial deterioration in mental health predictably resulting in danger to self/others/property based upon objective facts of loss of cognitive or volitional control over thoughts or actions or based upon history, current condition, effect of mental condition on ability to consent.
OH		X	OHIO REV. CODE ANN. § 5122.15(C) § 5122.01(B)	Inpatient and Outpatient: (1) Danger to self/others; (2) substantial and immediate risk of serious physical impairment or injury to self as manifested by inability to provide for basic physical needs and provision for needs is unavailable in community; or (3) needs and would benefit from treatment as evidenced by behavior creating grave and imminent risk to substantial rights of others/self.
OK	X	X	OKLA. STAT. ANN. tit. 43A, § 1-103(13)(a)	Inpatient and outpatient: (1) Substantial risk of immediate physical harm to self, manifested by serious threats or attempts; (2) substantial risk of immediate physical harm to another, manifested by violent behavior; (3) placement of another in reasonable fear of violence by serious and immediate threats; (4) severe deterioration of condition requiring immediate intervention to avert a substantial risk of severe impairment or injury; or (5) inability to meet basic physical needs, posing a substantial risk of death or immediate serious physical injury.
OR	X	X	OR. REV. STAT. § 426.005(1)(e)	Inpatient and Outpatient: (1) Danger to self/others; (2) unable to provide for basic personal needs and is not receiving care necessary for health/safety; or (3) chronic mental illness, two hospitalizations in previous three years, symptoms/behavior substantially similar to those that led to the previous hospitalizations, and will continue to physically or mentally deteriorate to either standard (1) or (2) if untreated.
PA		X	50 PA. CONS. STAT. ANN. § 7301(a) § 7301(b) § 7304(a) § 7304(f)	Inpatient and Outpatient: Clear and present danger to self/others; includes inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, and reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days.
RI		X	R.I. GEN. LAWS § 40.1-5-8(j) § 40.1-5-2 (7)	Inpatient and Outpatient: In need of care/treatment in a facility and, if unsupervised in the community, would be a danger to self/others. Explicitly includes substantial risk of harm manifested by grave, clear and present risk to physical health and safety.
SC	X	X	S.C. CODE ANN. § 44-17-580 § 44-23-10(12),(20)	Inpatient and Outpatient: Needs treatment and either (1) unable to make responsible decisions with respect to treatment; OR (2) likelihood of serious harm to self/others, including the substantial risk of physical impairment from inability to protect oneself in community and provisions for protection are unavailable.
SD	X	X	S.D. CODIFIED LAWS § 27A-1-2 § 27A-1-1 (4), (5)	Inpatient and Outpatient: Danger to self /others, as evidenced by treatment history and recent acts, and needs and is likely to benefit from treatment. Danger to self includes danger of serious personal harm in the very near future evidenced by inability to provide for some basic human needs such as food, clothing, shelter, physical health, or personal safety, or arrests for criminal behavior due to mental illness.
TN			TENN. CODE ANN. § 33-6-501 § 33-6-502	Inpatient: Substantial likelihood of serious harm, which includes the inability to avoid severe impairment or injury from specific risks or placing others in reasonable fear of serious physical harm.

TX	X	X	TEX. HEALTH & SAFETY CODE § 574.034 § 574.035	Inpatient: (1) Danger to self/others; or (2) severe and abnormal mental, emotional, or physical distress; substantial mental or physical deterioration of ability to function independently, exhibited by the inability to provide for basic needs, including food, clothing, health, or safety; and inability to make rational and informed treatment decisions. Outpatient: (1) Danger to self/others; or (2) severe and persistent mental illness; if untreated will suffer severe and abnormal mental, emotional, or physical distress; and deterioration of the ability to function independently and inability to live safely in community; and inability to voluntarily and effectively participate in outpatient treatment as demonstrated by actions of past two years or the inability to make an informed treatment decision.
UT		X	UTAH CODE ANN. § 62A-15-631(10) 62A-15-602(12) 62A-15-602(13)	Inpatient and Outpatient: Inability to make rational treatment decision and danger to self/others, explicitly including both inability to provide basic necessities such as food, clothing, and shelter and substantial risk of extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of mental faculty.
VT	X	X	VT. STAT. ANN. tit. 18, § 7611 tit. 18, § 7101(16) tit. 18, § 7101(17)	Inpatient and Outpatient: (1) Danger to self/others and (2) a patient who is receiving adequate treatment, and who, if such treatment is discontinued, is likely to deteriorate to the standard in (1). Danger to others includes presenting a danger to persons in his/her care. Danger to self can be the inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, so that probable death, substantial physical bodily injury, serious mental deterioration or physical debilitation or disease will ensue.
VA		X	VA. CODE ANN. § 37.1-67.3(I) § 37.1-67.3(J)	Inpatient: (1) Imminent danger to self/others; or (2) so seriously mentally ill as to be substantially unable to care for self substantially likely to "suffer serious harm due to substantial deterioration of his capacity to protect himself from harm or to provide for his basic human needs as evidenced by current circumstances." Outpatient: Same as for inpatient plus is competent to understand the stipulations of treatment, wants to live in community and agrees to abide by treatment plan, has capacity to comply with treatment plan, ordered treatment can be delivered on outpatient basis, and can be monitored by community services board or designated providers.
WA	X	X	REV. CODE WASH. § 71.05.240(3) § 71.05.020(17),(19) (25),(45)	Inpatient: (1) Danger to self/others/property; or (2) in danger of serious physical harm from failure to provide for essential human needs of health or safety; or (3) severe deterioration in routine functioning evidenced by loss of cognitive or volitional control and not receiving essential care. Outpatient: Same as inpatient, if outpatient treatment is in best interest of person.
WV		X	W. VA. CODE § 27-5-4(j) §27-1-12	Inpatient and Outpatient: Danger to self/others. Danger to others includes presenting a danger to persons in his/her care. Danger to self can be the inability, without assistance, to satisfy need for nourishment, personal or medical care, shelter, or self-protection and safety, so that probable death, substantial physical bodily injury, serious mental deterioration or physical debilitation or disease will ensue. Note: Applications for final commitment must state, in detail, the recent overt acts upon which a danger to self/others conclusion is based.
WI	X	X	WIS. STAT. ANN. § 51.20(1)(a)1 § 51.20(1)(a)2	Inpatient and Outpatient: (1) Danger to self/others as evidenced by recent acts/threats; (2) substantial probability of physical impairment/injury to self as evidenced by recent acts/omissions; (3) inability to satisfy basic needs for nourishment, medical care, shelter or safety so that substantial probability of imminent death, serious physical injury, serious physical debilitation or serious physical disease; or (4) substantial inability to make informed treatment choice, needs care or treatment to prevent deterioration, and substantial probability that if untreated will lack services for health or safety and suffer severe mental, emotional or physical harm that will result in the loss of ability to function in community or loss of cognitive or volitional control over thoughts or actions.

WY	X	X	WYO. STAT. ANN. § 25-10-110(j) § 25-10-101(a)(ix) § 25-10-101(a)(ii) § 25-10-110(j)(ii)	Inpatient and Outpatient: (1) Danger to self/others; (2) unable, without available assistance, to satisfy basic needs for nourishment, essential medical care, shelter or safety so it is likely that death, serious physical injury, serious physical debilitation, serious mental debilitation, destabilization from lack of or refusal to take prescribed psychotropic medications for a diagnosed condition or serious physical disease will imminently ensue.
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Initiating Court-Ordered Assisted Treatment Inpatient, Outpatient and Emergency Hospitalization Standards by State

This chart captures the most essential information about who may initiate proceedings leading to court-ordered treatment for an individual with symptoms of severe mental illness.

Please note that while this chart contains much of each standard's actual language, it summarizes only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention?
AL	ALA. CODE § 22-52-1.2(a) § 22-52-91(a)	<p>For inpatient or outpatient commitment: Any person may file a petition seeking the involuntary commitment of another person.</p> <p>For emergency evaluation: When a law enforcement officer is confronted by circumstances and has reasonable cause for believing that a person within the county [meets the criteria for emergency evaluation], the law enforcement officer shall contact a community mental health officer.</p>
AK	ALASKA STAT. § 47.30.700(a) § 47.30.705(a)	<p>For involuntary commitment: Upon petition of any adult, a judge shall immediately conduct a screening investigation or direct a local mental health professional ... to conduct a screening investigation of the person.</p> <p>For emergency evaluation: A peace officer, a psychiatrist or physician who is licensed to practice in this state or employed by the federal government, or a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners who has probable cause to believe that a person [meets the criteria for emergency evaluation] may cause the person to be taken into custody and delivered to the nearest evaluation facility.</p>
AZ	ARIZ. REV. STAT. § 36-520(a) § 36-524	<p>For inpatient or outpatient commitment: Any responsible individual may apply for a court-ordered evaluation of a person who is alleged to be, as a result of a mental disorder, a danger to self or to others, persistently or acutely disabled, or gravely disabled and who is unwilling or unable to undergo a voluntary evaluation.</p> <p>For emergency evaluation:</p> <p>A. A written application for emergency admission shall be made to an evaluation agency before a person may be hospitalized in the agency.</p> <p>B. The application for emergency admission shall be made by a person with knowledge of the facts requiring emergency admission. The applicant may be a relative or friend of the person, a peace officer, the admitting officer or another</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
AR	ARK. CODE ANN. § 20-47-207(a) § 20-47-210 (a)	<p>responsible person.</p> <p>For inpatient or outpatient commitment: Any person having reason to believe that a person meets the criteria for involuntary admission as defined in subsection (c) of this section may file a verified petition with the probate clerk of the county in which the person alleged to have mental illness resides or is detained.</p> <p>For emergency evaluation: Whenever it appears that a person [meets the criteria for emergency evaluation]:</p> <p>(1) An interested citizen may take the person to a hospital or to a receiving facility or program. If no other safe means of transporting the individual is available, it shall be the responsibility of the law enforcement agency that exercises jurisdiction at the site where the individual is physically located and requiring transportation, or unless otherwise ordered by the judge. A petition, as provided in § 20-47-207, shall be filed in the probate court of the county in which the person resides or is detained within seventy-two (72) hours, excluding weekends and holidays, and a hearing, as provided in § 20-47-209(a)(1) shall be held; or</p> <p>(2) Any person filing a petition for involuntary admission may append to the petition a request for immediate confinement which shall state with particularity facts personally known to the affiant which establish reasonable cause to believe that the person sought to be involuntarily admitted is in imminent danger of death or serious bodily harm or that the lives of others are in imminent danger of death or serious bodily harm due to the mental state of the person sought to be involuntarily admitted.</p>
CA	CALIF. WELF. & INST. CODE § 5250 § 5346 § 5201 § 5150	<p>For both inpatient commitment and outpatient commitment via conservatorship: If a person is detained for 72 hours ... and has received an evaluation, he or she may be certified for not more than 14 days of intensive treatment [if:]</p> <p>(a) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and has found the person [meets the criteria].</p> <p>(b) The facility providing intensive treatment ... agrees to admit the person. CALIF. WELF. & INST. CODE § 5251. For a person to be certified under this article, a notice of certification shall be signed by two people. The first person shall be the professional person, or his or her designee, in charge of the agency or facility providing evaluation services. A designee of the professional person in charge of the agency or facility shall be a physician or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.</p> <p>The second person shall be a physician or psychologist who participated in the evaluation. The physician shall be, if possible, a board certified psychiatrist. The psychologist shall be licensed and have at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders.</p> <p>If the professional person in charge, or his or her designee, is the physician who performed the medical evaluation or a psychologist, the second person to sign may be another physician or psychologist unless one is not available, in which case a licensed clinical social worker or a registered nurse who participated in the evaluation shall sign the notice of certification</p> <p>For outpatient commitment (“assisted outpatient treatment”): Petition for order authorizing outpatient treatment</p>

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		<p>(b) (1) A petition for an order authorizing assisted outpatient treatment may be filed by the county mental health director, or his or her designee, in the superior court in the county in which the person who is the subject of the petition is present or reasonably believed to be present.</p> <p>(2) A request may be made only by any of the following persons to the county mental health department for the filing of a petition to obtain an order authorizing assisted outpatient treatment:</p> <ul style="list-style-type: none"> (A) Any person 18 years of age or older with whom the person who is the subject of the petition resides. (B) Any person who is the parent, spouse, or sibling or child 18 years of age or older of the person who is the subject of the petition. (C) The director of any public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person who is the subject of the petition in whose institution the subject of the petition resides. (D) The director of a hospital in which the person who is the subject of the petition is hospitalized. (E) A licensed mental health treatment provider who is either supervising the treatment of, or treating for a mental illness, the person who is the subject of the petition. (F) A peace officer, parole officer, or probation officer assigned to supervise the person who is the subject of the petition. <p>(3) Upon receiving a request pursuant to paragraph (2), the county mental health director shall conduct an investigation into the appropriateness of the filing of the petition. The director shall file the petition only if he or she determines that there is a reasonable likelihood that all the necessary elements to sustain the petition can be proven in a court of law by clear and convincing evidence.</p> <p>For emergency evaluation:</p> <p>Any individual may apply to the person or agency designated by the county for a petition alleging that there is in the county a person who is, as a result of mental disorder a danger to others, or to himself, or is gravely disabled, and requesting that an evaluation of the person's condition be made.</p> <p>When any person [meets the criteria for emergency evaluation], a peace officer, member of the attending staff... of an evaluation facility..., designated members of a mobile crisis team ..., or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in ... a facility for 72-hour treatment and evaluation.</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
CO	COLO. REV. STAT. § 27-65-107 § 27-65-108 § 27-65-109(1) § 27-65-105(1)(a)(II) § 27-65-106(2)	<p>For inpatient or outpatient commitment: If a person detained for seventy-two hours ... or a respondent under court order for evaluation ... has received an evaluation, he or she may be certified for not more than three months of short-term treatment. ... The notice of certification must be signed by a professional person on the staff of the evaluation facility who participated in the evaluation and shall state facts sufficient to establish reasonable grounds to believe that the person has a mental illness and, as a result of the mental illness, is a danger to others or to himself or herself or is gravely disabled.</p> <p>If the professional person in charge of the evaluation and treatment believes that a period longer than three months is necessary for treatment of the respondent, he or she shall file with the court an extended certification.</p> <p>Whenever a respondent has received short-term treatment for five consecutive months ..., the professional person in charge of the evaluation and treatment may file a petition with the court for long-term care and treatment of the respondent[.]</p> <p>For emergency evaluation (“72-hour hold”): The following persons [“intervening professionals,” see above] may effect a seventy-two-hour hold:</p> <ul style="list-style-type: none"> (A) A certified peace officer; (B) A professional person; (C) A registered professional nurse ... who by reason of postgraduate education and additional nursing preparation has gained knowledge, judgment, and skill in psychiatric or mental health nursing; (D) A licensed marriage and family therapist or licensed professional counselor ... or an addiction counselor ... who by reason of postgraduate education and additional preparation has gained knowledge, judgment, and skill in psychiatric or clinical mental health therapy, forensic psychotherapy, or the evaluation of mental disorders; or (E) A licensed clinical social worker[.] <p>Any individual may petition the court in the county in which the respondent resides or is physically present alleging that there is a person who appears to have a mental illness and, as a result of the mental illness, appears to be a danger to others or to himself or herself or appears to be gravely disabled and requesting that an evaluation of the person's condition be made.</p>
CT	CONN. GEN. STAT. ANN § 17a-497(a) §17a-503	<p>For inpatient commitment: CONN. GEN. STAT. ANN. § 17a-497(a). [S]uch application may be made by any person and, if any person with psychiatric disabilities is at large and dangerous to the community, the first selectman or chief executive officer of the town in which he or she resides or in which he or she is at large shall make such application.</p> <p>For emergency evaluation: CONN. GEN. STAT. ANN. §17a-503</p> <p>(a). Any police officer who has reasonable cause to believe that a person [meets the criteria for emergency evaluation] may take such person into custody and take or cause such person to be taken to a general hospital for emergency examination[.]</p> <p>(b) Upon application by any person to the court of probate ... alleging that any respondent [meets the criteria for emergency evaluation] such court may issue a warrant for the apprehension and bringing before it of such respondent and examine such respondent. If the court determines that there is probable cause to believe that such person [meets the criteria for emergency evaluation], the court shall order that such respondent be taken to a general hospital for examination[.]</p> <p>(c) Any psychologist ... who has reasonable cause to believe that a person [meets the criteria for emergency evaluation] may issue an emergency certificate in writing that authorizes and directs that such person be taken to a general hospital for purposes of a medical examination[.]</p>

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		<p>(d) Any clinical social worker ... or advanced practice registered nurse ... who (1) has received a minimum of eight hours of specialized training in the conduct of direct evaluations as a member of (A) any mobile crisis team, jail diversion program, crisis intervention team, advanced supervision and intervention support team, or assertive case management program operated by or under contract with the Department of Mental Health and Addiction Services, or (B) a community support program certified by the Department of Mental Health and Addiction Services, and (2) based upon the direct evaluation of a person, has reasonable cause to believe that such person [meets the criteria for emergency evaluation] may issue an emergency certificate in writing that authorizes and directs that such person be taken to a general hospital for purposes of a medical examination[.]</p>
DE	DEL. CODE ANN. tit.16 § 5007(a) § 5003 § 5122(b)	<p>For inpatient commitment: Forthwith, but not more than 2 working days from the date of provisional admission, the hospital shall file a verified complaint in the Superior Court[.] The complaint shall aver that the hospital, as petitioner, reasonably and in good faith believes that the involuntary patient (who shall be named as respondent) is a mentally ill person who should be continued as a patient at the hospital pursuant to this chapter until the patient is determined no longer to be a mentally ill person.</p> <p>No person shall be involuntarily admitted to the hospital as a patient except pursuant to the written certification of a psychiatrist that based upon the psychiatrist's examination of such person, such person suffers from a disease or condition which requires the person to be observed and treated at a mental hospital for the person's own welfare and which either renders such person unable to make responsible decisions with respect to the person's hospitalization, or poses a present threat, based upon manifest indications, that such person is likely to commit or suffer serious harm to that person's own self or others or to property, if not given immediate hospital care and treatment[meets the criteria for commitment].</p> <p>For emergency evaluation (“provisional hospitalization): Upon the signed complaint of any person stating the person has knowledge that a designated person appears to be so mentally ill as to [meet the criteria for emergency evaluation], such alleged mentally ill person shall be promptly taken into custody by any peace officer of the State to whom the complaint is delivered without the necessity of a warrant.</p>
DC	D.C. CODE ANN. § 21-541(a) § 21-521	<p>For inpatient or outpatient commitment: Proceedings for the judicial commitment of a person in the District of Columbia may be commenced by the filing of a petition with the Commission by his spouse, parent, or legal guardian, by a physician or a qualified psychologist, by a duly accredited officer or agent of the Department, by the Director of the Department or the Director's designee, or by an officer authorized to make arrests in the District of Columbia.</p> <p>For emergency evaluation: An accredited officer or agent of the Department of Mental Health of the District of Columbia, or an officer authorized to make arrests in the District of Columbia, or a physician or qualified psychologist of the person in question, who has reason to believe that a person is mentally ill and, because of the illness, is likely to injure himself or others if he is not immediately detained may, without a warrant, take the person into custody.</p>
FL	FLA. STAT. § 394.467(3) § 394.4655(3) § 394.463(2)(a)	<p>For inpatient commitment: <i>Petition for involuntary inpatient placement.</i> -The administrator of the facility shall file a petition for involuntary inpatient placement in the court in the county where the patient is located.</p> <p>For outpatient commitment (“involuntary outpatient placement”): <i>Petition for involuntary outpatient placement.</i></p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<p>(a) A petition for involuntary outpatient placement may be filed by:</p> <ol style="list-style-type: none"> 1. The administrator of a receiving facility; or 2. The administrator of a treatment facility. <p>For emergency evaluation (“involuntary examination”): An involuntary examination may be initiated by any one of the following means:</p> <ol style="list-style-type: none"> 1. A court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination, giving the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on sworn testimony, written or oral. 2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to the nearest receiving facility for examination. 3. A physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based.
GA	GA. CODE ANN. § 37-3-61(2) § 37-3-41(a) § 37-3-42(a)	<p>For inpatient or outpatient commitment: Any person may file with the court a petition executed under oath alleging that a person within the county is a mentally ill person requiring involuntary treatment. The petition must be accompanied by the certificate of a physician or psychologist stating that he has examined the patient within the preceding five days and has found that the patient may be a mentally ill person requiring involuntary treatment and that a full evaluation of the patient is necessary.</p> <p>For emergency evaluation: “Any physician within this state may execute a certificate stating that he has personally examined a person within the preceding 48 hours and found that, based upon observations set forth in the certificate, the person appears to be a ‘mentally ill person requiring involuntary treatment’.”</p> <p>“A peace officer may take any person to a physician within the county or an adjoining county for emergency examination by the physician, or directly to an emergency receiving facility if (1) the person is committing a penal offense, and (2) the peace officer has probable cause for believing that the person is a ‘mentally ill person requiring involuntary treatment’.”</p>
HI	HAW. REV. STAT. § 334-60.3(a) § 334-123(a) § 334-59(a)(1)	<p>For inpatient commitment: Any person may file a petition alleging that a person located in the county meets he criteria for commitment to a psychiatric facility.</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<p>For outpatient commitment: Any person may file a petition with the family court alleging that another person meets the criteria for involuntary outpatient treatment.</p> <p>For emergency evaluation: If a police officer has reason to believe that a person is imminently dangerous to self or others, or is gravely disabled, or is obviously ill, the officer shall call for assistance from the mental health emergency workers designated by the director.</p>
ID	IDAHO CODE § 66-329(1) § 66-326(1)	<p>For inpatient or outpatient commitment: Proceedings for the involuntary care and treatment of mentally ill persons by the department of health and welfare may be commenced by the filing of a written application with a court of competent jurisdiction by a friend, relative, spouse or guardian of the proposed patient, or by a licensed physician, prosecuting attorney, or other public official of a municipality, county or of the state of Idaho, or the director of any facility in which such patient may be.</p> <p>For emergency evaluation: [A] person may be taken into custody by a peace officer and placed in a facility, or the person may be detained at a hospital at which the person presented or was brought to receive medical or mental health care, if the peace officer or a physician medical staff member of such hospital has reason to believe that the person [meets the criteria for emergency evaluation].</p>
IL	405 ILL. COMP. STAT. 5/3-701(a) 5/3-751(a) 5/3-601(a) 5/3-606 5/3-607	<p>For inpatient commitment: Any person 18 years of age or older may execute a petition asserting that another person is subject to involuntary admission on an inpatient basis.</p> <p>For outpatient commitment (“involuntary admission on an outpatient basis”): Any person 18 years of age or older may execute a petition asserting that another person is subject to involuntary admission on an outpatient basis.</p> <p>For emergency evaluation: When a person is asserted to be subject to involuntary admission on an inpatient basis and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to the facility director of a mental health facility in the county where the respondent resides or is present. The petition may be prepared by the facility director of the facility.</p> <p>A peace officer may take a person into custody and transport him to a mental health facility when the peace officer has reasonable grounds to believe that the person is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization to protect such person or others from physical harm.</p> <p>Court ordered temporary detention and examination. When, as a result of personal observation and testimony in open court, any court has reasonable grounds to believe that a person appearing before it is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization to protect such person or others from physical harm, the court may enter an order for the temporary detention and examination of such person.</p>
IN	IND. CODE ANN. § 12-26-7-2(b) § 12-26-6-2(b)	<p>For inpatient or outpatient commitment: A proceeding for the commitment of an individual who appears to be suffering from a chronic mental illness may be begun by filing with a court having jurisdiction a written petition by any of the following:</p>

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		<p>(1) A health officer (2) A police officer (3) A friend of the individual (4) A relative of the individual (5) The spouse of the individual (6) A guardian of the individual (7) The superintendent of a facility where the individual is present (8) A prosecuting attorney in accordance with IC 35-36-2-4 (9) A prosecuting attorney or the attorney for a county office if civil commitment proceedings are initiated under IC 31-34-19-3 or IC 31-37-18-3 (10) A third party that contracts with the division of mental health and addiction to provide competency restoration services to a defendant under IC 35-36-3-3 or IC 35-36-3-4</p> <p>For emergency evaluation: A petitioner under subsection (a)(3) must be at least eighteen (18) years of age.</p>
IA	IOWA CODE § 229.6 § 229.22(2a)	<p>For inpatient or outpatient commitment, or emergency evaluation: IOWA CODE § 229.6. Proceedings for the involuntary hospitalization of an individual may be commenced by any interested person by filing a verified application with the clerk of the district court of the county where the respondent is presently located, or which is the respondent's place of residence[.]</p> <p>For emergency evaluation, alternatively: IOWA CODE § 229.22(2a). In the [absence of immediate access to the district court], any peace officer who has reasonable grounds to believe that a person [meets the criteria for emergency evaluation] may without a warrant take or cause that person to be taken to the nearest available facility or hospital.</p>
KS	KAN. STAT. ANN. § 59-2957(a) § 59-2953(a) § 59-2954(c) § 59-2958(a)	<p>For inpatient or outpatient commitment: A verified petition to determine whether or not a person is a mentally ill person subject to involuntary commitment for care and treatment under this act may be filed in the district court of the county wherein that person resides or wherein such person may be found. <i>[Statute places no limitation upon whom may petition the court.]</i></p> <p>For emergency evaluation: Any law enforcement officer who has a reasonable belief formed upon investigation that a person [meets the criteria for emergency evaluation] may take the person into custody without a warrant. The officer shall transport the person to a treatment facility where the person shall be examined by a physician or psychologist on duty at the treatment facility.</p> <p>A treatment facility may admit and detain any person presented for emergency observation and treatment upon the written application of any individual, except that a state psychiatric hospital shall not admit and detain any such person, unless a written statement from a qualified mental health professional authorizing such admission to a state psychiatric hospital has been obtained.</p> <p>At the time the petition for the determination of whether a person is a mentally ill person subject to involuntary commitment for care and treatment under this act is filed, or any time thereafter prior to the trial upon the petition ..., the petitioner may request in writing that the district court issue an ex parte emergency order including either or both of the following: (1) An</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		order directing any law enforcement officer to take the person named in the order into custody and transport the person to a designated treatment facility or other suitable place willing to receive and detain the person; (2) an order authorizing any named treatment facility or other place to detain or continue to detain the person until the further order of the court or until the ex parte emergency custody order shall expire.
KY	KY. REV. STAT. ANN. § 202A.051(3) § 202A.041(1) § 202A.031(1)	<p>For inpatient or outpatient commitment: The petition shall be filed by a qualified mental health professional, peace officer, county attorney, Commonwealth's attorney, spouse, relative, friend, or guardian of the individual concerning whom the petition is filed, or any other interested person.</p> <p>For emergency evaluation ("72-hour emergency admission"): Any peace officer who has reasonable grounds to believe that an individual [meets the criteria for emergency evaluation] shall take the individual into custody and transport the individual without necessary delay to a hospital or psychiatric facility.</p> <p>An authorized staff physician may order the admission of any person who is present at, or is presented at, a hospital. Within twenty-four hours (excluding weekends and holidays) of the admission under this section, the authorized staff physician ordering the admission of the individual shall certify in the record of the individual that in his opinion the individual should be involuntarily hospitalized.</p>
LA	LA. REV. STAT. ANN. § 28:54(A) § 28:67 § 28:53.2(A)	<p>For inpatient commitment: Any person of legal age may file with the court a petition which asserts his belief that a person is suffering from mental illness which contributes or causes that person to be a danger to himself or others or to be gravely disabled, or is suffering from substance abuse which contributes or causes that person to be a danger to himself or others or to be gravely disabled and may thereby request a hearing. The petition may be filed in the judicial district in which the respondent is confined, or if not confined, in the judicial district where he resides or may be found.</p> <p>For outpatient commitment: A petition to obtain an order authorizing involuntary outpatient treatment may be initiated by one of the following persons:</p> <ul style="list-style-type: none"> (1) The director of a hospital in which the patient is hospitalized. (2) The director of an emergency receiving center in which the patient is receiving services. (3) The director of the human service district, or his designee, or the manager of the regional office of the Department of Health and Hospitals, office of behavioral health, or his designee, in the parish in which the patient is present or reasonably believed to be present. <p>For emergency evaluation: Any parish coroner or judge of a court of competent jurisdiction may order a person to be taken into protective custody and transported to a treatment facility or the office of the coroner for immediate examination when a peace officer or other credible person executes a statement under private signature specifying that, to the best of his knowledge and belief, the person [meets the criteria for emergency evaluation].</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
ME	ME. REV. STAT. ANN. § 3863(5-A) § 3873-A § 3863(1)	<p>For inpatient commitment: CONTINUATION OF HOSPITALIZATION. If there is need for further hospitalization of the person as determined by the chief administrative officer of the hospital, the chief administrative officer shall first determine if the person may be informally admitted[.] ... If informal admission is not suitable or is refused by the person, the chief administrative officer may seek involuntary commitment in accordance with this subsection.</p> <p>A. If the person is at a state mental health institute, the chief administrative officer may seek involuntary commitment by applying for an order under section 3864.</p> <p>B. If the person is at a designated nonstate mental health institution, the chief administrative officer may seek involuntary commitment only by requesting the commissioner to apply for an order under section 3864[.]</p> <p>For outpatient commitment (“progressive treatment program”): The superintendent or chief administrative officer of a psychiatric hospital, the commissioner or the director of an ACT team, except as limited by subsection 10, may obtain an order from the District Court to admit a patient to a progressive treatment program[.]</p> <p>For emergency evaluation: Any health officer, law enforcement officer or other person may apply to admit a person to a psychiatric hospital [on an emergency basis].</p>
MD	MD. CODE ANN., HEALTH-GEN. § 10-614(a) § 10-622(b)(1)	<p>For inpatient commitment: Except as provided in subsection (b) of this section, application for involuntary admission of an individual to a facility or Veterans' Administration hospital may be made ... by any person who has a legitimate interest in the welfare of the individual.</p> <p>For emergency evaluation: The petition for emergency evaluation of an individual may be made by:</p> <ul style="list-style-type: none"> (i) A physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, or health officer or designee of a health officer who has examined the individual; (ii) A peace officer who personally has observed the individual or the individual's behavior; or (iii) Any other interested person.
MA	MASS. GEN. LAWS ANN. ch. 123 § 12	<p>For inpatient commitment: Commitment by Physicians or Police Officers for Limited Period; Notices; Extension of Term of Commitment.</p> <p>(a) Any physician or qualified psychiatric nurse mental health clinical specialist who after examining a person has reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness may restrain or authorize the restraint of such person and apply for the hospitalization of such person for a three day period at a public facility or at a private facility authorized for such purposes by the department.</p> <p>(e) Any person may make application to a district court justice or a justice of the juvenile court department for a three day commitment to a facility of a mentally ill person whom the failure to confine would cause a likelihood of serious harm.</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<p>For emergency evaluation: (a) Any physician ..., or a qualified psychologist ..., or a licensed independent clinical social worker ... who, after examining a person, has reason to believe that [the person meets the emergency evaluation criteria] may restrain or authorize the restraint of such person and apply for the hospitalization of such person for a 3-day period at a public facility or at a private facility authorized for such purposes by the department. <i>If an examination is not possible because of the emergency nature of the case and because of the refusal of the person to consent to such examination, the physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist or licensed independent clinical social worker on the basis of the facts and circumstances may determine that hospitalization is necessary and may apply therefore.</i> In an emergency situation, if a physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist or licensed independent clinical social worker is not available, a police officer, who believes that [the person meets the emergency evaluation criteria] may restrain such person and apply for the hospitalization of such person for a 3-day period at a public facility or a private facility authorized for such purpose by the department[.]</p>
MI	MICH. COMP. LAWS § 330.1423 § 330.1434(1) § 330.1427(1)	<p>For inpatient commitment: Hospitalization pending certification by psychiatrist. A [designated] hospital ... shall hospitalize an individual presented to the hospital, pending receipt of a clinical certificate by a psychiatrist stating that the individual is a person requiring treatment, if an application, a physician's or a licensed psychologist's clinical certificate, and an authorization by a preadmission screening unit have been executed.</p> <p>For inpatient or outpatient commitment: Any individual 18 years of age or over may file with the court a petition that asserts that an individual is a person requiring treatment.</p> <p>For emergency evaluation: [A] peace officer may take [an] individual [who appears to meet the criteria for emergency evaluation] into protective custody and transport the individual to a preadmission screening unit designated by a community mental health services program for examination ... or for mental health intervention services. ... Upon arrival at the preadmission screening unit or site designated by the preadmission screening unit, the peace officer shall execute an application for hospitalization of the individual.</p>
MN	MINN. STAT. § 253B.07(2)(a) § 253B.064(1)(A) § 253B.05(1)(a) § 253B.05(2)	<p>For inpatient commitment: Any interested person, except a member of the prepetition screening team, may file a petition for commitment in the district court of the county of financial responsibility or the county where the proposed patient is present. If the head of the treatment facility believes that commitment is required and no petition has been filed, the head of the treatment facility shall petition for the commitment of the person.</p> <p>For outpatient commitment (“early intervention treatment”): An interested person may apply to the designated agency for early intervention of a proposed patient in the county of financial responsibility or the county where the patient is present. If the designated agency determines that early intervention may be appropriate, a prepetition screening report must be prepared [as required with candidates for inpatient commitment]. The county attorney may file a petition for early intervention following the procedures [set forth for inpatient commitment].</p> <p>For emergency evaluation: Any person may be admitted or held for emergency care and treatment in a treatment facility ... with the consent of the head of the treatment facility upon a written statement by an examiner[.]</p> <p>A peace or health officer may take a person into custody and transport the person to a licensed physician or treatment facility if the officer has reason to believe ... that the person [meets the criteria for emergency evaluation].</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
MS	MISS. CODE ANN. § 41-21-65(2) § 41-21-67(5)	<p>For inpatient or outpatient commitment: If any person is alleged to be in need of treatment, any relative of the person, or any interested person, may make affidavit of that fact and shall file the affidavit with the clerk of the chancery court of the county in which the person alleged to be in need of treatment resides.</p> <p>For emergency evaluation: Whenever a licensed psychologist, nurse practitioner or physician assistant who is certified to complete examinations for the purpose of commitment or a licensed physician has reason to believe that a person [meets the criteria for emergency evaluation], then the physician, psychologist, nurse practitioner or physician assistant may hold the person or may admit the person to and treat the person in a licensed medical facility, without a civil order or warrant for a period not to exceed seventy-two hours.</p>
MO	MO. ANN. STAT. § 632.305(1)	<p>For inpatient or outpatient commitment, or emergency evaluation: An application for detention for evaluation and treatment may be executed by any adult person[.]</p>
MT	MONT. CODE ANN. § 53-21-121.(1) § 53-21-129.(1)	<p>For inpatient or outpatient commitment: The county attorney, upon the written request of any person having direct knowledge of the facts, may file a petition with the court alleging that there is a person within the county who is suffering from a mental disorder and who requires commitment pursuant to this chapter.</p> <p>For emergency evaluation: When an emergency situation exists, a peace officer may take any person who appears to have a mental disorder and to present an imminent danger of death or bodily harm to the person or to others into custody only for sufficient time to contact a professional person for emergency evaluation. If possible, a professional person should be called prior to taking the person into custody.</p>
NE	NEB. REV. STAT. § 71-921(1) § 71-919(1)	<p>For inpatient or outpatient commitment: Any person who believes that another person is mentally ill and dangerous may communicate such belief to the county attorney. If the county attorney concurs ... he or she shall file a petition as provided in this section.</p> <p>For emergency evaluation: A law enforcement officer who has probable cause to believe that a person is mentally ill and [meets the criteria for emergency evaluation] may take such person into emergency protective custody, cause him or her to be taken into emergency protective custody, or continue his or her custody if he or she is already in custody.</p>
NV	NEV. REV. STAT. § 433A.200 § 433A.160	<p>For inpatient commitment: A proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition with the clerk of the district court of the county where the person who is to be treated resides. The petition may be filed by the spouse, parent, adult children or legal guardian of the person to be treated or by any physician, psychologist, social worker or registered nurse, by an accredited agent of the Department or by any officer authorized to make arrests in the State of Nevada.</p> <p>For emergency evaluation: [A]n application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment may only be made by an accredited agent of the Department, an officer authorized to make arrests in the State of Nevada or a physician, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse[.]</p>
NH	N.H. REV. STAT. ANN. § 135-C:35 § 135-C:28	<p>For inpatient or outpatient commitment: Any responsible person may petition for a hearing relative to the need for admission on an involuntary basis of another person due to mental illness.</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<p>For emergency evaluation (“Involuntary Emergency Admission Examination”):</p> <p>I. The involuntary emergency admission of a person shall be to the state mental health services system under the supervision of the commissioner. The admission may be ordered upon the certificate of a physician or A.P.R.N. ... The physician or A.P.R.N. must find that the person to be admitted meets the criteria ... [Petitioner] means any individual, including a physician or A.P.R.N. completing a certificate, who has requested that a physician or A.P.R.N. conduct or who has conducted an examination for purposes of involuntary emergency admission[.]</p> <p>II. [I]f the person sought to be admitted refuses to consent to a mental examination, a petitioner or a law enforcement officer may sign a complaint which shall be sworn to before a justice of the peace. The complaint shall be submitted to the justice of the peace with the petition... If the justice of the peace finds that a compulsory mental examination is necessary, the justice may order the examination.</p> <p>III. When a peace officer observes a person engaging in behavior which gives the peace officer reasonable suspicion to believe that the person may [meet the criteria for emergency evaluation] the police officer may place the person in protective custody[.]</p>
NJ	N.J. STAT. ANN. § 30:4-27.10 § 30:4-27.6	<p>For inpatient or outpatient commitment:</p> <p>a. (1) A short-term care or psychiatric facility or a special psychiatric hospital shall initiate court proceedings for involuntary commitment to inpatient or outpatient treatment by submitting to the court a clinical certificate[.]</p> <p>(2) A screening service or outpatient treatment provider shall initiate court proceedings for commitment to outpatient treatment by submitting to the court a clinical certificate[.]</p> <p>b. Court proceedings for the involuntary commitment to treatment of any person not referred by a screening service may be initiated by the submission to the court of two clinical certificates, at least one of which is prepared by a psychiatrist. The person shall not be involuntarily committed before the court issues a temporary court order.</p> <p>c. A court proceeding for involuntary commitment to treatment of an inmate who is scheduled for release upon expiration of a maximum term of incarceration shall be initiated by the Attorney General or county prosecutor by submission to the court of two clinical certificates...</p> <p>d. The Attorney General, in exercise of the State's authority as <i>parens patriae</i>, may initiate a court proceeding for the involuntary commitment to treatment of any person in accordance with the procedures set forth ...</p> <p>For emergency evaluation: A State or local law enforcement officer shall take custody of a person and take the person immediately and directly to a screening service if [the person meets the criteria].</p> <p><i>* Outpatient law was effective August 11, 2010, but implementation has been delayed. The law is scheduled to be phased in over the next three years</i></p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
NM	N.M. STAT. ANN. § 43-1-11(G) § 43-1-10(B)	<p>For inpatient commitment: An interested person who reasonably believes that an adult is suffering from a mental disorder and presents a likelihood of serious harm to the adult's own self or others, but does not require emergency care, may request the district attorney to investigate and determine whether reasonable grounds exist to commit the adult for a thirty-day period of evaluation and treatment.</p> <p>For emergency evaluation: An emergency evaluation under this section shall be accomplished upon the request of a peace officer, or jail or detention facility administrator or his designee, or upon the certification of a licensed physician or certified psychologist as described in Subsection C of this section. A court order is not required under this section.</p>
NY	N.Y. MENTAL HYG. LAW § 9.27(a) § 9.60(e)(1) § 9.43 (a)	<p>For inpatient commitment: The director of a hospital may receive and retain therein as a patient any person alleged to be mentally ill and in need of involuntary care and treatment upon the certificates of two examining physicians, accompanied by an application for the admission of such person. The examination may be conducted jointly but each examining physician shall execute a separate certificate.</p> <p>For outpatient commitment: A petition for an order authorizing assisted outpatient treatment may be filed in the supreme or county court in the county in which the subject of the petition is present or reasonably believed to be present. Such petition may be initiated only by the following persons:</p> <ul style="list-style-type: none"> (i) any person eighteen years of age or older with whom the subject of the petition resides; or (ii) the parent, spouse, sibling eighteen years of age or older, or child eighteen years of age or older of the subject of the petition; or (iii) the director of a hospital in which the subject of the petition is hospitalized; or (iv) the director of any public or charitable organization, agency or home providing mental health services to the subject of the petition in whose institution the subject of the petition resides; or (v) psychiatrist who is either supervising the treatment of or treating the subject of the petition for a mental illness; or (vi) a psychologist or a social worker who is treating the subject of the petition for a mental illness; or (vii) the director of community services, or his or her designee, or the social services official, as defined in the social services law, of the city or county in which the subject of the petition is present or reasonably believed to be present; or (viii) a parole officer or probation officer assigned to supervise the subject of the petition. <p>For emergency evaluation: Whenever any court of inferior or general jurisdiction is informed by verified statement that a person [meets the criteria for emergency evaluation], such court shall issue a warrant directing that such person be brought before it. If, when said person is brought before the court, it appears to the court, on the basis of evidence presented to it, that such person has or may have a mental illness which is likely to result in serious harm to himself or herself or others, the</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		court shall issue a civil order directing his or her removal to any hospital specified in subdivision (a) of section [fig 2] 9.39 or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40, willing to receive such person for a determination by the director of such hospital or program whether such person should be retained therein pursuant to such section.
NC	N.C. GEN. STAT. § 122C-261(a) § 122C-262(a)	<p>For inpatient or outpatient commitment: Anyone who has knowledge of an individual who is mentally ill and either (i) dangerous to self or dangerous to others, or (ii) in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness, may appear before a clerk or assistant or deputy clerk of superior court or a magistrate and execute an affidavit to this effect, and petition the clerk or magistrate for issuance of an order to take the respondent into custody for examination by a physician or eligible psychologist.</p> <p>For emergency evaluation: Anyone, including a law enforcement officer, who has knowledge of an individual who is subject to inpatient commitment ...and who [meets the criteria for emergency evaluation], may transport the individual directly to an area facility or other place, including a State facility for the mentally ill, for examination by a physician or eligible psychologist.</p>
ND	N.D. CENT. CODE § 25-03.1.08 § 25-03.1-25.1	<p>For inpatient or outpatient commitment: Any person eighteen years of age or over shall present the information necessary for the commitment of an individual for involuntary treatment to the state's attorney of the county where the respondent is presently located, or which is the respondent's place of residence, or to an attorney retained by that person to represent the applicant throughout the proceedings.</p> <p>For emergency evaluation: A peace officer, physician, psychiatrist, psychologist, or mental health professional [who] has reasonable cause to believe that an individual is a person requiring treatment and there exists a serious risk of harm to that person, other persons, or property of an immediate nature that considerations of safety do not allow preliminary intervention by a magistrate.</p>
OH	OHIO REV. CODE ANN. § 5122.11 § 5122.10	<p>For inpatient or outpatient commitment: Proceedings for the hospitalization of a person shall be commenced by the filing of an affidavit in the manner and form prescribed by the department of mental health, by any person or persons with the court, either on reliable information or actual knowledge.</p> <p>For emergency evaluation: Any psychiatrist, licensed clinical psychologist, licensed physician, health officer, parole officer, police officer or sheriff may take a person into custody ... [if they have] reason to believe that the person is a mentally ill person subject to hospitalization by court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.</p>
OK	43A OKL. ST. § 5-410(A) § 5-207(G)	<p>For inpatient or outpatient commitment: The following persons may file or request the district attorney to file a petition with the district court, upon which is hereby conferred jurisdiction, to determine whether an individual is a person requiring treatment, and to order the least restrictive appropriate treatment for the person:</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<ol style="list-style-type: none"> 1. The father, mother, husband, wife, brother, sister, guardian or child, over the age of eighteen (18) years, of an individual alleged to be a person requiring treatment; 2. A licensed mental health professional; 3. The executive director of a facility designated by the Commissioner of Mental Health and Substance Abuse Services as appropriate for emergency detention; 4. An administrator of a hospital that is approved by the Joint Commission on Accreditation of Healthcare Organizations; provided, however, in any involuntary commitment procedure in which a hospital is the petitioner pursuant to the provisions of this section, the hospital may participate in such hearing without retaining their own legal counsel if the hospital provides as a witness a mental health therapist or a licensed mental health professional; 5. A person in charge of any correctional institution; 6. Any peace officer within the county in which the individual alleged to be a person requiring treatment resides or may be found; or 7. The district attorney in whose district the person resides or may be found. <p>For emergency evaluation: The parent, brother or sister who is eighteen (18) years of age or older, child who is eighteen (18) years of age or older, or guardian of the person, or a person who appears to be or states that such person is mentally ill, alcohol-dependent, or drug-dependent to a degree that emergency action is necessary may request the administrator of a facility designated by the Commissioner as an appropriate facility for an initial assessment to conduct an initial assessment to determine whether the condition of the person is such that emergency detention is warranted and, if emergency detention is warranted, to detain the person[.]</p>
OR	OR. REV. STAT. § 426.070(1) § 426.228(1)	<p>Inpatient or outpatient commitment: Any of the following may initiate commitment procedures:</p> <ol style="list-style-type: none"> (a) Two persons; (b) The county health officer; or (c) Any magistrate. <p>For emergency evaluation: A peace officer may take into custody a person who the officer has probable cause to believe [meets the criteria for emergency evaluation].</p>
PA	50 PA. CONS. STAT. ANN. § 7304(c)(1) § 7302(a)	<p>For inpatient or outpatient commitment: Any responsible party may file a petition in the court of common pleas requesting court-ordered involuntary treatment for any person not already in involuntary treatment.</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<p>For emergency evaluation: Emergency examination may be undertaken at a treatment facility upon the certification of a physician stating the need for such examination; or upon a warrant issued by the county administrator authorizing such examination; or without a warrant upon application by a physician or other authorized person who has personally observed conduct showing the need for such examination.</p>
RI	R.I. GEN. LAWS § 40.1-5-8(a) § 40.1-5-7(a)(1)	<p>For inpatient or outpatient commitment: The petition may be filed by any person with whom the subject of the petition may reside, or at whose house he or she may be, or the father or mother, husband or wife, brother or sister, or the adult child of any such person, the nearest relative if none of the above are available, or his or her guardian, or the attorney general, or a local director of public welfare, or the director of the department of mental health, retardation, and hospitals, the director of the department of human services, or the director of the department of corrections, the director of the department of health, the warden of the adult correctional institutions, the superintendent of the boys training school for youth, or his or her designated agent, or the director of any facility, or his or her designated agent whether or not the person shall have been admitted and is a patient at the time of the petition.</p> <p>For emergency evaluation (“emergency certification”): Any physician, who [has reason to believe that the person meets the criteria for emergency evaluation], may apply at a facility for the emergency certification of the person thereto. The medical director, or any other physician employed by the proposed facility for certification may apply ... if no other physician is available and he or she certifies this fact ... In the event that no physician is available, a qualified mental health professional or police officer who believes the person [meets the criteria for emergency evaluation], may make the application for emergency certification to a facility[.]</p>
SC	S.C. CODE ANN. § 44-17-510 § 44-17-410	<p>For inpatient or outpatient commitment: Proceedings for involuntary hospitalization by judicial procedure may be commenced by filing a written petition with the probate court of the county where he is present or where he is a resident by any interested person or the superintendent of any public or private mental institution in which he may be.</p> <p>For emergency evaluation: A person may be admitted to a public or private hospital, mental health clinic, or mental health facility for emergency admission upon: (1) written affidavit under oath by a person stating [the belief that a person meets the criteria]</p>
SD	S.D. CODIFIED LAWS § 27A-10-1	<p>For inpatient or outpatient commitment, or emergency evaluation: If any person is alleged to [meet the criteria], any person, eighteen years of age or older, may complete a petition stating the factual basis for concluding that such person is severely mentally ill and in immediate need of intervention.</p>
TN	TENN. CODE ANN. § 33-6-504 § 33-6-402	<p>For inpatient commitment: Persons who may file complaint for commitment under this part.</p> <p>The parent, legal guardian, legal custodian, conservator, spouse, or a responsible relative of the person alleged to be in need of care and treatment, a licensed physician, a licensed psychologist [designated as a health service provider], a health or public welfare officer, an officer authorized to make arrests in the state, or the chief officer of a facility that the person is in, may file a complaint to require involuntary care and treatment of a person with mental illness or serious emotional disturbance under this part.</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<p>For emergency evaluation: If an officer authorized to make arrests in the state, a licensed physician, a psychologist [designated as a health service provider], or a professional designated by the commissioner [to take actions and perform duties imposed by law upon physicians] has reason to believe that a person [meets the criteria for emergency evaluation], then the officer, physician, psychologist, or designated professional may take the person into custody without a civil order or warrant for immediate examination under § 33-6-404 for certification of need for care and treatment.</p>
TX	TEX. HEALTH & SAFETY CODE § 574.001(a) § 573.011(a)	<p>For inpatient or outpatient commitment: A county or district attorney or other adult may file a sworn written application for court-ordered mental health services.</p> <p>For emergency evaluation: An adult may file a written application for the emergency detention of another person.</p>
UT	UTAH CODE ANN. § 62A-15-631(1) § 62A-15-629(1)(a)	<p>For inpatient or outpatient commitment: Proceedings for involuntary commitment of an individual who is 18 years of age or older may be commenced by filing a written application with the district court of the county in which the proposed patient resides or is found, <i>by a responsible person</i> who has reason to know of the condition or circumstances of the proposed patient which lead to the belief that the individual is mentally ill and should be involuntarily committed.</p> <p>For emergency evaluation: An adult may be temporarily [held] upon:</p> <ul style="list-style-type: none"> (i) written application by a responsible person who has reason to know, stating a belief that the individual is likely to cause serious injury to himself or others if not immediately restrained, and stating the personal knowledge of the individual's condition or circumstances which lead to that belief; and (ii) a certification by a licensed physician or designated examiner
VT	VT. STAT. ANN. tit. 18 § 7612(a) § 7101(9) § 7504(a) § 7505(a)	<p>For inpatient or outpatient commitment: An interested party may, by filing a written application, commence proceedings for the involuntary treatment of an individual by judicial process.</p> <p>'Interested party' means a guardian, spouse, parent, adult child, close adult relative, a responsible adult friend or person who has the individual in his charge or care. It also means a mental health professional, a law enforcement officer, a licensed physician, a head of a hospital, a selectman, a town service officer or a town health officer.</p> <p>For emergency evaluation: A person shall be admitted ... for an emergency examination ... upon written application by <i>an interested party</i> accompanied by a certificate by a licensed physician who is not the applicant.</p> <p>In emergency circumstances where a certification by a physician is not available ... a law enforcement officer or mental health professional may make an application, not accompanied by a physician's certificate, to any district or superior judge for a warrant for an immediate examination.</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
VA	VA CODE ANN. § 37.2-808(A) § 37.2-809(B)	<p>For inpatient or outpatient commitment (“mandatory outpatient treatment”): <i>[Not specified by statute, but right to petition the court is considered open to any “responsible person.” See VA District Court Form DC-4001.]</i></p> <p>For emergency evaluation (conducted in Virginia in two stages):</p> <p>For “emergency custody” (removal of person to hospital): [A] magistrate shall issue, upon the sworn petition of any responsible person, treating physician, or upon his own motion..., an emergency custody [upon probable cause].</p> <p>For “temporary detention” (retaining person up to 48 hours for evaluation): A magistrate shall issue, upon the sworn petition of any responsible person, treating physician, or upon his own motion and only after an evaluation conducted ... by an employee or a designee of the local community services board to determine whether the person meets the criteria for temporary detention, ... a temporary detention order if it appears [warranted] from all evidence readily available[.]</p>
WA	REV. CODE WASH. § 71.05.230 § 71.05.150 § 71.05.153	<p>For inpatient or outpatient commitment (“less restrictive alternate treatment”): Procedures for additional treatment</p> <p>A person detained for seventy-two hour evaluation and treatment may be detained for not more than fourteen additional days of involuntary intensive treatment or ninety additional days of a less restrictive alternative to involuntary intensive treatment. ... The professional staff of the agency or facility or the designated mental health professional [shall file] a petition for fourteen day involuntary detention or a ninety day less restrictive alternative with the court. The petition must be signed either by:</p> <ul style="list-style-type: none"> (a) Two physicians; (b) One physician and a mental health professional; (c) Two psychiatric advanced registered nurse practitioners; (d) One psychiatric advanced registered nurse practitioner and a mental health professional; or (e) A physician and a psychiatric advanced registered nurse practitioner. <p>The persons signing the petition must have examined the person... At the conclusion of the initial commitment period, the professional staff of the agency or facility or the designated mental health professional may petition for an additional period of either ninety days of less restrictive alternative treatment or ninety days of involuntary intensive treatment[.]</p> <p>For emergency evaluation or “initial detention”: (1) When a designated mental health professional receives information alleging that a person, as a result of a mental disorder [meets the criteria for inpatient commitment], the designated mental health professional may, after investigation and evaluation of the specific facts alleged and of the reliability and credibility of any person providing information to initiate detention, if satisfied that the allegations are true and that the person will not voluntarily seek appropriate treatment, file a petition for initial detention. Before filing the petition, the designated mental health professional must personally interview the person, unless the person refuses an interview, and determine whether the person will voluntarily receive appropriate evaluation and treatment at an evaluation and treatment facility, crisis stabilization unit, or triage facility.</p> <p>(2) (a) An order to detain to a designated evaluation and treatment facility for not more than a seventy-two-hour evaluation and treatment period may be issued by a judge of the superior court upon request of a designated mental health professional, whenever it appears to the satisfaction of a judge of the superior court:</p>

STATE	RELEVANT CODE SECTIONS	Who can initiate court-ordered psychiatric intervention for mental illness?
		<p>(i) That there is probable cause to support the petition; and (ii) That the person has refused or failed to accept appropriate evaluation and treatment voluntarily.</p> <p>(1) When a designated mental health professional receives information alleging that a person [meets the criteria for emergency evaluation], after investigation and evaluation of the specific facts alleged and of the reliability and credibility of the person or persons providing the information if any, the designated mental health professional may take such person, or cause by oral or written order such person to be taken into emergency custody in an evaluation and treatment facility for not more than seventy-two hours[.].</p> <p>(2) A peace officer may take or cause such person to be taken into custody and immediately delivered to a triage facility, crisis stabilization unit, evaluation and treatment facility, or the emergency department of a local hospital under the following circumstances:</p> <p>(a) Pursuant to subsection (1) of this section; or (b) When he or she has reasonable cause to believe that such person [meets the criteria for emergency evaluation].</p>
WV	W. VA. CODE § 27-5-4(b) §27-5-2(a)	<p>For inpatient or outpatient commitment: Final commitment proceedings for an individual may be commenced by [any person with] the filing of a written application under oath and the certificate or affidavit[.]</p> <p>For emergency evaluation: Any adult person may make an application for involuntary hospitalization for examination of an individual.</p>
WI	WIS. STAT. ANN. § 51.20(1)(b) § 51.15(1)(a)	<p>For inpatient or outpatient commitment: Each petition for examination shall be signed by 3 adult persons, at least one of whom has personal knowledge of the conduct of the subject individual... If a petitioner is not a petitioner having personal knowledge ... the petition shall contain a statement providing the basis for his or her belief.</p> <p>Each petition for examination shall be signed by 3 adult persons, at least one of whom has personal knowledge of the conduct of the subject individual.</p> <p>For emergency evaluation: A law enforcement officer may detain an individual if the officer has cause to believe that the individual [meets the criteria for emergency evaluation] is mentally ill and the individual evidences any of the following:</p>
WY	WYO. STAT. ANN. § 25-10-110.(a) § 25-10-109.(a)	<p>For inpatient or outpatient commitment: Proceedings for the involuntary hospitalization of a person may be commenced by the filing of a written application with the court in the county in which the person is initially detained...</p> <p>For emergency evaluation: When a law enforcement officer or examiner has reasonable cause to believe a person [meets the emergency evaluation criteria] the person may be detained.</p>

Emergency Hospitalization for Evaluation Assisted Psychiatric Treatment Standards by State

This chart captures the most essential information about the criteria for emergency hospitalization in a treatment facility for a psychiatric evaluation.

Please note that while this chart contains much of each standard's actual language, it summarizes only the most crucial provisions of the pertinent statutes for each state. This information does not constitute legal advice and should not be relied upon as a substitute for seeking legal counsel.

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
AL	ALA. CODE § 22-52-91(a) § 22-52-7(b)	<p>If [a] community mental health officer determines from the conditions, symptoms, and behavior that the person appears to be mentally ill and poses an immediate danger to self or others, [a] law enforcement officer shall take the person into custody and, together with the community mental health officer, deliver the person directly to the designated mental health facility[.]</p> <p>No limitations shall be placed upon the respondent's liberty nor treatment imposed upon the respondent unless such limitations are necessary to prevent the respondent from doing substantial and immediate harm to himself or to others or to prevent the respondent from leaving the jurisdiction of the court.</p>
AK	ALASKA STAT. § 47.30.705(a)	[Where there is] probable cause to believe that a person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to self or others of such immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700, ... the person [may] be taken into custody and delivered to the nearest evaluation facility.
AZ	ARIZ. REV. STAT. § 36-524	<p>C. A written application for emergency admission shall be made to an evaluation agency before a person may be hospitalized in the agency.</p> <p>D. The application for emergency admission shall be made by a person with knowledge of the facts requiring emergency admission. The applicant may be a relative or friend of the person, a peace officer, the admitting officer or another responsible person.</p>
AR	ARK. CODE ANN. § 20-47-210(a)	Whenever it appears that a person is of danger to himself or herself or others, as defined in § 20-47-207, and immediate confinement appears necessary to avoid harm to the person or others ...

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
CA	CALIF. WELF. & INST. CODE § 5150	When any person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, [designated persons] may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a ... facility for 72-hour treatment and evaluation.
CO	COLO. REV. STAT. § 27-65-105(1)	Emergency procedure may be invoked under either one of the following two conditions: (a) (l) When any person appears to have a mental illness and, as a result of such mental illness, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, then a person ... referred to in this section as the "intervening professional," upon probable cause and with such assistance as may be required, may take the person into custody, or cause the person to be taken into custody, and placed in a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation. (b) Upon an affidavit sworn to or affirmed before a judge that relates sufficient facts to establish that a person appears to have a mental illness and, as a result of the mental illness, appears to be an imminent danger to others or to himself or herself or appears to be gravely disabled, the court may order the person described in the affidavit to be taken into custody and placed in a facility designated or approved by the executive director for a seventy-two-hour treatment and evaluation.
CT	CONN. GEN. STAT. ANN. § 17a-502(a)	Any person who a physician concludes has psychiatric disabilities and is dangerous to himself or others or gravely disabled, and is in need of immediate care and treatment in a hospital for psychiatric disabilities, may be confined in such a hospital, either public or private[.]
DE	DEL. CODE ANN. tit. 16 § 5003	Upon the signed complaint of any person stating the person has knowledge that a designated person appears to be so mentally ill as to be likely to cause injury to oneself or others and to require immediate care, treatment or restraint, setting forth a description of the behavior and symptoms which led the person to the person's conclusion, such alleged mentally ill person shall be promptly taken into custody by any peace officer of the State to whom the complaint is delivered without the necessity of a warrant.
DC	D.C. CODE ANN. § 21-521.	An accredited officer or agent of the Department of Mental Health of the District of Columbia, or an officer authorized to make arrests in the District of Columbia, or a physician or qualified psychologist of the person in question, who has reason to believe that a person is mentally ill and, because of the illness, is likely to injure himself or others if he is not immediately detained may, without a warrant, take the person into custody.

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
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FL	FLA. STAT. § 394.463(1)	<p>[A] person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness:</p> <p>(a) 1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or</p> <p>2. The person is unable to determine for himself or herself whether examination is necessary; and</p> <p>(b) 1. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or</p> <p>2. There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.</p>
GA	GA. CODE ANN. § 37-3-41 (a) § 37-3-42(a)	<p>"Any physician within this state may execute a certificate stating that he has personally examined a person within the preceding 48 hours and found that, based upon observations set forth in the certificate, the person appears to be a 'mentally ill person requiring involuntary treatment'."</p> <p>"A peace officer may take any person to a physician within the county or an adjoining county for emergency examination by the physician, or directly to an emergency receiving facility if (1) the person is committing a penal offense, and (2) the peace officer has probable cause for believing that the person is a 'mentally ill person requiring involuntary treatment'."</p>
HI	HAW. REV. STAT. § 334-59(a)(1)	<p>If a police officer has reason to believe that a person is imminently dangerous to self or others, or is gravely disabled, or is obviously ill, the officer shall call for assistance from the mental health emergency workers designated by the director.</p>
ID	IDAHO CODE § 66-326(1) § 66-326(2)	<p>[A] person may be taken into custody ... [or] detained [for emergency evaluation upon] reason to believe that the person is gravely disabled due to mental illness or the person's continued liberty poses an imminent danger to that person or others, as evidenced by a threat of substantial physical harm[.]</p> <p>If the court finds the individual to be gravely disabled due to mental illness or imminently dangerous under subsection (1) of this section, the court shall issue a temporary custody order[.]</p>
IA	IOWA CODE § 229.11(1) § 229.22(1)-(2a)	<p>If ... the judge ... finds probable cause to believe that the respondent has a serious mental impairment and is likely to injure the respondent or other persons if allowed to remain at liberty, the judge may enter a written order directing that the respondent be taken into immediate custody by the sheriff or the sheriff's deputy and be detained until the hospitalization hearing.</p>

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
		[Where] it appears that a person should be immediately detained due to serious mental impairment, but that person cannot be immediately detained by the procedure prescribed in sections 229.6 and 229.11 because there is no means of immediate access to the district court ... any peace officer who has reasonable grounds to believe that a person is mentally ill, and because of that illness is likely to physically injure the person's self or others if not immediately detained, may without a warrant take or cause that person to be taken to the nearest available facility or hospital.
IL	405 ILL. COMP. STAT. 5/3-600	A person 18 years of age or older who is subject to involuntary admission on an inpatient basis and in need of immediate hospitalization may be admitted to a mental health facility pursuant to this Article.
IN	IND. CODE ANN. § 12-26-5-1(b)	<p>An application [for emergency evaluation] must contain both of the following:</p> <ul style="list-style-type: none"> (1) A statement of the applicant's belief that the individual is: <ul style="list-style-type: none"> (A) mentally ill and either dangerous or gravely disabled; and (B) in need of immediate restraint. (2) A statement by at least one (1) physician that, based on: <ul style="list-style-type: none"> (A) an examination; or (B) information given the physician; <p>the individual may be mentally ill and either dangerous or gravely disabled.</p>
KS	KAN. STAT. ANN. § 59-2953(a). § 59-2954(c)(3)	<p>[A] mentally ill person [who] because of such person's mental illness is likely to cause harm to self or others if allowed to remain at liberty may [be taken by a law enforcement officer] into custody without a warrant.</p> <p>[An application to a treatment facility for emergency detention of a person shall state] the applicant's belief that the person may be a mentally ill person subject to involuntary commitment and because of the person's mental illness is likely to cause harm to self or others if not immediately detained[.]</p>
KY	KY. REV. STAT. ANN. § 202A.041(1) § 202A.028(1)	<p>[A] individual [who] is mentally ill and presents a danger or threat of danger to self, family, or others if not restrained shall [be taken by a peace officer] into custody and transport[ed] without necessary delay to a hospital or psychiatric facility.</p> <p>Following an examination by a qualified mental health professional and a certification by that professional that the person meets the criteria for involuntary hospitalization, a judge may order the person hospitalized for a period not to exceed seventy-two (72) hours, excluding weekends and holidays.</p>
LA	LA. REV. STAT. ANN. § 28:54(D)(3) § 28:53	If the respondent refuses to be examined by the court appointed physician ... or if the judge, after reviewing the petition and an affidavit ... or the report of the treating physician or the court appointed physician, finds that the respondent is mentally ill or suffering from substance abuse and is in need of immediate hospitalization to protect the person or others from physical harm, or that the respondent's condition may be markedly worsened by delay, then the court may issue a court order for custody of the respondent[.]

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
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		<p>Admission by emergency certificate; extension</p> <p>B. (1) Any [designated examiner] may execute an emergency certificate only after an actual examination of a person alleged to be mentally ill or suffering from substance abuse who is determined to be in need of immediate care and treatment in a treatment facility because the [designated examiner] determines the person to be dangerous to self or others or to be gravely disabled.</p> <p>L.(1) A peace officer or a peace officer accompanied by an emergency medical service trained technician may take a person into protective custody... when, as a result of his personal observation, the peace officer or emergency medical service technician has reasonable grounds to believe the person is a proper subject for involuntary admission to a treatment facility because the person is acting in a manner dangerous to himself or dangerous to others, is gravely disabled, and is in need of immediate hospitalization to protect such a person or others from physical harm.</p>
ME	<p>ME. REV. STAT. ANN. tit. 34B § 3862 § 3863 § 10-622(a)</p>	<p>Protective custody.</p> <p>A. 1. If a law enforcement officer has probable cause to believe that a person may be mentally ill and that due to that condition the person presents a threat of imminent and substantial physical harm to that person or to other persons, or if a law enforcement officer knows that a person has an advance health care directive authorizing mental health treatment and the officer has probable cause to believe that the person lacks capacity, the law enforcement officer...[m]ay take the person into protective custody</p> <p>Emergency procedure;</p> <p>1. Any health officer, law enforcement officer or other person may apply to admit a person to a psychiatric hospital, subject to the prohibitions and penalties of section 3805, stating:</p> <p>A. The applicant's belief that the person is mentally ill and, because of the person's illness, poses a likelihood of serious harm; and B. The grounds for this belief.</p>
MD	<p>MD. CODE ANN., HEALTH-GEN. § 10-622(a)</p>	<p>A petition for emergency evaluation of an individual may be made under this section only if the petitioner has reason to believe that the individual:</p> <p>(iv) Has a mental disorder; and</p> <p>(v) The individual presents a danger to the life or safety of the individual or of others</p>
MA	<p>MASS. GEN. LAWS ANN. ch. 123, § 12</p>	<p>Commitment by Physicians or Police Officers for Limited Period; Notices; Extension of Term of Commitment.</p> <p>(a) [Emergency evaluation of a person permitted upon specified professional's] reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness[.]</p>

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
MI	MICH. COMP. LAWS § 330.1427(1) § 330.1438	<p>If a peace officer observes an individual conducting himself or herself in a manner that causes the peace officer to reasonably believe that the individual is a person requiring treatment ..., the peace officer may take the individual into protective custody and transport the individual ... for examination ... or for mental health intervention services.</p> <p>MICH. COMP. LAWS § 330.1438. If it appears to the court that the individual requires immediate involuntary mental health treatment in order to prevent physical harm to himself or herself, or others, the court may order the individual hospitalized and may order a peace officer to take the individual into protective custody and transport the individual to a preadmission screening unit designated by the community mental health services program.</p>
MN	MINN. STAT. § 253B.05(1)(a) § 253B.05(2)	<p>Any person may be admitted or held for emergency care and treatment in a treatment facility ... with the consent of the head of the treatment facility upon a written statement by an examiner that:</p> <ol style="list-style-type: none"> (1) the examiner has examined the person not more than 15 days prior to admission, (2) the examiner is of the opinion, for stated reasons, that the person is mentally ill, developmentally disabled, or chemically dependent, and is in danger of causing injury to self or others if not immediately detained, and (3) an order of the court cannot be obtained in time to prevent the anticipated injury. <p>A peace or health officer may take a person into custody and transport the person to a licensed physician or treatment facility if the officer has reason to believe, either through direct observation of the person's behavior, or upon reliable information of the person's recent behavior and knowledge of the person's past behavior or psychiatric treatment, that the person is mentally ill or developmentally disabled and in danger of injuring self or others if not immediately detained.</p>
MS	MISS. CODE ANN. § 41-21-67(5)	<p>Whenever a [designated professional] has reason to believe that a person poses an immediate substantial likelihood of physical harm to himself or others or is gravely disabled and unable to care for himself by virtue of mental illness, then the [designated professional] may hold the person or may admit the person to and treat the person in a licensed medical facility, without a civil order or warrant for a period not to exceed seventy-two (72) hours.</p>
MO	MO. ANN. STAT. § 632.305(2) § 632.305(3)	<p>If the court finds that there is probable cause to believe that the respondent may be suffering from a mental disorder and presents a likelihood of serious harm to himself or others, it shall direct a peace officer to take the respondent into custody and transport him to a mental health facility for detention for evaluation and treatment for a period not to exceed ninety-six hours.</p> <p>A mental health coordinator ... or a peace officer may [initiate emergency evaluation] only when such mental health coordinator or peace officer has reasonable cause to believe that such person is suffering from a mental disorder and that the likelihood of serious harm by such person to himself or others is imminent unless such person is immediately taken into custody.</p>

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
MT	MONT. CODE ANN. § 53-21-129(2)	If the professional person agrees that the person detained is a danger to the person or to others because of a mental disorder and that an emergency situation exists, then the person may be detained and treated until the next regular business day.
NE	NEB. REV. STAT. § 71-919(1)	A law enforcement officer who has probable cause to believe that a person is mentally ill and dangerous ... and that the harm is likely to occur before mental health board proceedings may be initiated to obtain custody of the person may take such person into emergency protective custody, cause him or her to be taken into emergency protective custody, or continue his or her custody if he or she is already in custody.
NV	NEV. REV. STAT. § 433A.160 § 433A.170	<p>[A designated person] may: (a) Without a warrant: (1) Take a person alleged to be a person with mental illness into custody to apply for the emergency admission of the person for evaluation, observation and treatment ... only if [the designated person] has, based upon his or her personal observation of the person alleged to be a person with mental illness, probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty.</p> <p>An application for an emergency admission [must be] accompanied by a certificate of a psychiatrist or a licensed psychologist stating that he or she has examined the person alleged to be a person with mental illness and that he or she has concluded that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty. If a psychiatrist or licensed psychologist is not available to conduct an examination, a physician may conduct the examination.</p>
NH	N.H. REV. STAT. ANN. § 135-C:27 § 135-C:28	<p>A person shall be eligible for involuntary emergency admission if he is in such mental condition as a result of mental illness to pose a likelihood of danger to himself or others.</p> <p>[I]f the person sought to be admitted refuses to consent to a mental examination, a petitioner or a law enforcement officer may sign a complaint which shall be sworn to before a justice of the peace... The petition shall state in detail the acts or actions of the person sought to be admitted which the petitioner has personally observed or which have been personally reported to the petitioner and in his or her opinion require a compulsory mental examination. If the justice of the peace finds that a compulsory mental examination is necessary, the justice may order the examination[.]</p> <p>When a peace officer observes a person engaging in behavior which gives the peace officer reasonable suspicion to believe that the person may be suffering from a mental illness and probable cause to believe that unless the person is placed in protective custody the person poses an immediate danger of bodily injury to himself or others, the police officer may place the person in protective custody[.]</p>

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NJ	N.J. STAT. ANN. § 30:4-27.6	<p>A State or local law enforcement officer shall take custody of a person and take the person immediately and directly to a screening service if:</p> <p>a. On the basis of personal observation, the law enforcement officer has reasonable cause to believe that the person is in need of involuntary commitment to treatment;</p> <p>b. A mental health screener has certified on a form prescribed by the division that based on a screening outreach visit the person is in need of involuntary commitment to treatment and has requested the person be taken to the screening service for a complete assessment;</p> <p>c. The court orders that a person subject to an order of conditional discharge ... who has failed to follow the conditions of the discharge be taken to a screening service for an assessment; or</p> <p>d. An outpatient treatment provider has certified on a form prescribed by the division that the provider has reasonable cause to believe the person is in need of evaluation for commitment to treatment.</p>
NM	N.M. STAT. ANN. § 43-1-10(A) § 43-1-10(C)	<p>A peace officer may detain and transport a person for emergency mental health evaluation and care in the absence of a legally valid order from the court only if:</p> <p>(1) the person is otherwise subject to lawful arrest;</p> <p>(2) the peace officer has reasonable grounds to believe the person has just attempted suicide;</p> <p>(3) the peace officer, based upon his own observation and investigation, has reasonable grounds to believe that the person, as a result of a mental disorder, presents a likelihood of serious harm to himself or others and that immediate detention is necessary to prevent such harm; or</p> <p>(4) a licensed physician or a certified psychologist has certified that the person, as a result of a mental disorder, presents a likelihood of serious harm to himself or others and that immediate detention is necessary to prevent such harm.</p> <p>An evaluation facility may accept for an emergency based admission any person when a licensed physician or certified psychologist certifies that such person, as a result of a mental disorder, presents a likelihood of serious harm to himself or others and that immediate detention is necessary to prevent such harm.</p>
NY	N.Y. MENTAL HYG. LAW § 9.39(a)	<p>[A]ny person alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or others. "Likelihood to result in serious harm" as used in this article shall mean:</p> <p>1. substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or</p>

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		2. a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
NC	N.C. GEN. STAT. § 122C-262(a)	Anyone, including a law enforcement officer, who has knowledge of an individual who is subject to inpatient commitment ... and who requires immediate hospitalization to prevent harm to self or others, may transport the individual directly to an area facility or other place, including a State facility for the mentally ill, for examination by a physician or eligible psychologist.
ND	N.D. CENT. CODE § 25-03.1-25.1 § 25-03.1-25.2	A [designated person who] has reasonable cause to believe that an individual is a person requiring treatment and there exists a serious risk of harm to that person, other persons, or property of an immediate nature that considerations of safety do not allow preliminary intervention by a magistrate. The magistrate, upon reviewing the petition and accompanying documentation, finds probable cause to believe that the respondent is a person requiring treatment and there exists a serious risk of harm to the respondent, other persons, or property if allowed to remain at liberty.
OH	OHIO REV. CODE ANN. § 5122.10	Any [designated person] may take a person into custody.....[if they have] reason to believe that the person is a mentally ill person subject to hospitalization by court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.
OK	43A OKL. ST. § 5-207	A. Any person who appears to be or states that such person is mentally ill, alcohol-dependent, or drug-dependent to a degree that immediate emergency action is necessary may be taken into protective custody and detained as provided pursuant to the provisions of this section. B. Any peace officer who reasonably believes that a person is a person requiring treatment as defined in Section 1-103 of this title shall take the person into protective custody.
OR	OR. REV. STAT. § 426.228(1)	A peace officer may take into custody a person who the officer has probable cause to believe is dangerous to self or to any other person and is in need of immediate care, custody or treatment for mental illness.
PA	50 PA. CONS. STAT. ANN. § 7301	(a) Whenever a person is severely mentally disabled and in need of immediate treatment, he may be made subject to involuntary emergency examination and treatment. A person is severely mentally disabled when, as a result of mental illness, his capacity to exercise self-control, judgment and discretion in the conduct of his affairs and social relations or to care for his own personal needs is so lessened that he poses a clear and present danger of harm to others or to himself.

STATE	RELEVANT CODE SECTIONS	STANDARDS FOR EMERGENCY HOSPITALIZATION FOR EVALUATION (may be termed "hold" "pick-up," "detention," "provisional hospitalization," "72-hour emergency admission" or other, depending on state).
RI	R.I. GEN. LAWS § 40.1-5-7(a) (1)	Any physician, who after examining a person, has reason to believe that the person is in need of immediate care and treatment, and is one whose continued unsupervised presence in the community would create an imminent likelihood of serious harm by reason of mental disability, may apply at a facility for the emergency certification of the person thereto ... If an examination is not possible because of the emergency nature of the case and because of the refusal of the person to consent to the examination, the applicant on the basis of his or her observation may determine, in accordance with the above, that emergency certification is necessary and may apply therefor. In the event that no physician is available, a qualified mental health professional or police officer who believes the person to be in need of immediate care and treatment, and one whose continued unsupervised presence in the community would create an imminent likelihood of serious harm by reason of mental disability, may make the application for emergency certification to a facility...
SC	S.C. Code Ann. § 44-17-430 § 44-17-410	If a person believed to be mentally ill and because of this condition likely to cause serious harm if not immediately hospitalized cannot be examined by at least one licensed physician pursuant to Section 44-17-410 because the person's whereabouts are unknown or for any other reason, the petitioner seeking commitment pursuant to Section 44-17-410 shall execute an affidavit stating a belief that the individual is mentally ill and because of this condition likely to cause serious harm if not hospitalized, the ground for this belief and that the usual procedure for examination cannot be followed and the reason why. Upon presentation of an affidavit, the judge of probate for the county in which the individual is present may issue an order requiring a state or local law enforcement officer to take the individual into custody for a period not exceeding twenty-four hours... A person may be admitted to a public or private hospital, mental health clinic, or mental health facility for emergency admission upon: (1) written affidavit under oath by a person stating: (a) a belief that the person is mentally ill and because of this condition is likely to cause serious harm to himself or others if not immediately hospitalized; (b) the specific type of serious harm thought probable if the person is not immediately hospitalized and the factual basis for this belief; (2) a certification in triplicate by at least one licensed physician stating that the physician has examined the person and is of the opinion that the person is mentally ill and because of this condition is likely to cause harm to himself through neglect, inability to care for himself, or personal injury, or otherwise, or to others if not immediately hospitalized. The certification must contain the grounds for the opinion...
SD	S.D. CODIFIED LAWS § 27A-10-1	If any person is alleged to be severely mentally ill and in such condition that immediate intervention is necessary for the protection from physical harm to self or others, any person, eighteen years of age or older, may complete a petition stating the factual basis for concluding that such person is severely mentally ill and in immediate need of intervention.
TN	TENN. CODE ANN. § 33-6-401 § 33-6-403	Emergency detention. IF AND ONLY IF (1) a person has a mental illness or serious emotional disturbance, AND (2) the person poses an immediate substantial likelihood of serious harm under § 33-6-501 because of the mental illness

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		<p>or serious emotional disturbance,</p> <p>THEN</p> <p>(3) the person may be detained ... to obtain examination for certification of need for care and treatment.</p> <p>Admission to treatment facility.</p> <p>IF AND ONLY IF</p> <p>(1) a person has a mental illness or serious emotional disturbance, AND</p> <p>(2) the person poses an immediate substantial likelihood of serious harm, under <u>§ 33-6-501</u>, because of the mental illness or serious emotional disturbance, AND</p> <p>(3) the person needs care, training, or treatment because of the mental illness or serious emotional disturbance, AND</p> <p>(4) all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person,</p> <p>THEN</p> <p>(5) the person may be admitted and detained by a hospital or treatment resource for emergency diagnosis, evaluation, and treatment under this part.</p>
TX	TEX. HEALTH & SAFETY CODE § 573.001(a) § 573.011	<p>A peace officer, without a warrant, may take a person into custody if the officer:</p> <p style="padding-left: 40px;">(1) has reason to believe and does believe that:</p> <p style="padding-left: 80px;">(A) the person is mentally ill; and</p> <p style="padding-left: 80px;">(B) because of that mental illness there is a substantial risk of serious harm to the person or to others unless the person is immediately restrained</p> <p>[A] written application for the emergency detention of another person ...must state:</p> <p style="padding-left: 40px;">(1) that the applicant has reason to believe and does believe that the person evidences mental illness;</p> <p style="padding-left: 40px;">(2) that the applicant has reason to believe and does believe that the person evidences a substantial risk of serious harm to himself or others;</p> <p style="padding-left: 40px;">(3) a specific description of the risk of harm;</p> <p style="padding-left: 40px;">(4) that the applicant has reason to believe and does believe that the risk of harm is imminent unless the person is immediately restrained;</p> <p style="padding-left: 40px;">(5) that the applicant's beliefs are derived from specific recent behavior, overt acts, attempts, or threats</p>

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		<p>(6) a detailed description of the specific behavior, acts, attempts, or threats; and (7) a detailed description of the applicant's relationship to the person whose detention is sought.</p>
UT	UTAH CODE ANN. § 62A-15-629(1)(a)(ii) § 62A-15-629(2)	<p>[A] licensed physician or designated examiner certifies] the individual as mentally ill and, because of his mental illness, is likely to injure himself or others if not immediately restrained.</p> <p>If a duly authorized peace officer observes a person involved in conduct that gives the officer probable cause to believe that the person is mentally ill... and because of that apparent mental illness and conduct, there is a substantial likelihood of serious harm to that person or others, pending proceedings for examination and certification under this part, the officer may take that person into protective custody.</p>
VT	VT. STAT. ANN. tit. 18 § 7504(a) § 7505(a)	<p>A person shall be admitted to a designated hospital for an emergency examination to determine if he or she is a 'person in need of treatment' upon written application ... accompanied by a certificate by a licensed physician who is not the applicant.</p> <p>In emergency circumstances where a certification by a physician is not available without serious and unreasonable delay, and when personal observation of the conduct of a person constitutes reasonable grounds to believe that the person is a person in need of treatment, and he presents an immediate risk of serious injury to himself or others if not restrained, a law enforcement officer or mental health professional may make an application, not accompanied by a physician's certificate, to any district or superior judge for a warrant for an immediate examination.</p>
VA	VA CODE ANN. § 37.2-808(A) § 37.2-809(B)	<p>Conducted in Virginia in two stages</p> <p>For "emergency custody" (removal of person to hospital): [A] magistrate shall issue ... an emergency custody order when he has probable cause to believe that any person (i) has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, (ii) is in need of hospitalization or treatment, and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment.</p> <p>For "temporary detention" (retaining person up to 48 hours for evaluation): A magistrate shall issue ... a temporary detention order if it appears from all evidence readily available, including any recommendation from a physician or clinical psychologist treating the person, that the person (i) has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, (ii) is in need of hospitalization or treatment, and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment. The magistrate shall also consider the recommendations of any treating or examining physician licensed in Virginia if available either verbally or in writing prior to rendering a decision.</p>

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		<p>Any temporary detention order entered pursuant to this section shall provide for the disclosure of medical records[.]</p> <p>(C) When considering whether there is probable cause to issue a temporary detention order, the magistrate may, in addition to the petition, consider (i) the recommendations of any treating or examining physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any past mental health treatment of the person, (iv) any relevant hearsay evidence, (v) any medical records available, (vi) any affidavits submitted, if the witness is unavailable and it so states in the affidavit, and (vii) any other information available that the magistrate considers relevant to the determination of whether probable cause exists to issue a temporary detention order.</p>
WA	REV. CODE WASH. § 71.05.153	[A] person [who], as the result of a mental disorder, presents an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled, may ... be taken into emergency custody and immediately delivered to [an] evaluation and treatment facility.
WV	W. VA. CODE §27-5-2.(a)	Any adult person may make an application for involuntary hospitalization for examination of an individual when the person making the application has reason to believe that the individual to be examined is addicted ... or is mentally ill and, because of his or her addiction or mental illness, the individual is likely to cause serious harm to himself, herself or to others if allowed to remain at liberty while awaiting an examination and certification by a physician or psychologist.
WI	WIS. STAT. ANN. § 51.15(1)(a)	<p>A law enforcement officer ... may detain an individual if the officer has cause to believe that the individual is mentally ill and the individual evidences any of the following:</p> <ol style="list-style-type: none"> 1. A substantial probability of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm. 2. A substantial probability of physical harm to other persons as manifested by evidence of recent homicidal or other violent behavior on his or her part, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm on his or her part. 3. A substantial probability of physical impairment or injury to himself or herself due to impaired judgment 4. [H]e or she is unable to satisfy basic needs for nourishment, medical care, shelter, or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation, or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness or drug dependency.
WY	WYO. STAT. ANN. § 25-10-109(a)	When a [designated person] has reasonable cause to believe a person is mentally ill pursuant to W.S. 25-10-101 [dangerous to self or others], the person may be detained.