



**EXAMINATION AND TRANSPORT ORDER  
(FOR 72 HOUR HOSPITALIZATION)**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN THE INTEREST OF: )  
 )  
 \_\_\_\_\_ )  
 Respondent )  
 \_\_\_\_\_ )  
 Residence )  
 \_\_\_\_\_ )  
 Current Location )  
 \_\_\_\_\_ )  
 Telephone )

A verified petition for involuntary hospitalization having been filed, the Court having reviewed the allegations therein and having examined the petitioner under oath and it appearing to the Court that there is probable cause to believe the Respondent presents a danger or a threat of danger to himself/herself, family or others and should be hospitalized;

AND the Court having no objection and no objection having been made by any party to examination of the Respondent, IT IS THEREFORE ORDERED that:

1. The Respondent be delivered to \_\_\_\_\_ Hospital/Psychiatric Facility, without unnecessary delay by the Sheriff or other Peace Officer of this county to be examined by a Qualified Mental Health Professional who is:  
(a) A staff member of a regional community program for mental health or individuals with an intellectual disability; or  
(b) An individual licensed to perform the examination through the use of telehealth services; or  
(c) The psychiatrist ordered, subject to the court's discretion, to perform the required examination.
2. Following said examination, the Qualified Mental Health Professional shall file a certification with this Court.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Attorney's Address:  
\_\_\_\_\_  
\_\_\_\_\_

Please print or type name of Judge in the space provided below:  
\_\_\_\_\_

Telephone No.:  
\_\_\_\_\_

**EXECUTION**

Executed by delivering the Respondent to:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title