



4007 Estate Diamond Ruby, Christiansted  
St. Croix, USVI 00820

### APPLICATION FOR EMERGENCY PSYCHIATRIC COMMITMENT

To: The Administrator of the Governor Juan F. Luis Hospital & Medical Center (JFL)

This application is made pursuant to Title 19 VIC Section 722

|  |             |             |
|--|-------------|-------------|
| <b>From:</b> _____                           | Date: _____ | Time: _____ |
| <b>Re:</b> _____<br>(Person to be committed) |             |             |

\_\_\_\_\_ hereby applies to the Administrator of JFL for the  
 (Name of person making the application)  
 involuntary emergency commitment of \_\_\_\_\_  
 (Person to be committed)

for a period of 48 hours, which may extend to five (5) (not including holidays and weekends) days as deemed necessary by the treating physician, \_\_\_\_\_, M.D.

This application is made pursuant to Title 19 VIC Section 722 and is based on the following sworn facts: *(If more space is needed, attach additional sheets.)*

1. I live at \_\_\_\_\_  
(Address of person making the application)
2. I am the \_\_\_\_\_
3. I have observed or am aware of the following behavior of the person to be committed *(Describe the behavior of the person to be committed and give dates upon which the conduct occurred).*  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe the history of any past treatment or hospital admissions of the person to be committed including approximate dates of admissions and releases.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. The person to be committed has threatened, attempted or inflicted physical harm on himself/herself or another and is likely to inflict physical harm on himself/herself or another unless committed, as evidenced by: *(Describe in detail the conduct of the person to be committed which shows that he/she is dangerous. Provide dates and places where the conduct took place.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. The most recent dangerous conduct of the person to be committed occurred on: \_\_\_\_\_  
(Date)

and consisted of: (Describe conduct in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Whereof, the undersigned agrees that with the Administrator validating completeness of the application, the hospital is entitled to hold said patient for psychiatric treatment during the time specified by the treating physician.

*(To be completed by Notary Public)*

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Person making the application: \_\_\_\_\_  
Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Person Administering Oath \_\_\_\_\_  
Title of Person Administering Oath \_\_\_\_\_

*(To be completed by JFL Administrator)*

This application was reviewed to ensure that:

1. The application has been notarized,
2. The application is complete and has sufficient information to authorize emergency commitment
3. The Certificate of Psychiatric Examination Form is complete and certifies that the person has met medical necessity for emergency psychiatric treatment.

**Disapproved:** \_\_\_\_\_ *(please check)* This application is missing the following information:

\_\_\_\_\_  
\_\_\_\_\_

**Approved:** \_\_\_\_\_ *(please check)*

I certify the Governor Juan F. Luis Hospital & Medical Center is able to hold, observe and manage the person to be committed.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

8. After the expiration of the 5 day maximum period, any further detention of such person shall be obtained by Court Order only pursuant to Section 723 of this title.



