

CERTIFICATE OF NEED REQUIRED UNDER TENN. CODE ANN. §33-6-421
FOR PROBABLE CAUSE HEARING

I, _____, of the County of _____

State of Tennessee, **certify** that I personally examined _____ on
NAME OF PERSON EXAMINED

_____, 2_____.
DATE

(Check One of the Following)

I am a licensed:

physician, or

psychologist designated as a health service provider

If this certificate concerns a child and is executed for the purpose of continued commitment under Tenn. Code Ann. §33-6-421, I certify that I have professional experience with children.

In my professional opinion, based on my examination and the information provided, I **certify** that this person is subject to involuntary care and treatment under Tenn. Code Ann. §33-6-502 because the person:

1. has mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

2. **AND**, poses a substantial likelihood of serious harm because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance, **as shown by the following facts and reasoning:**

4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person, **as shown by the following facts and reasoning:**

I **certify** that if involuntary treatment is not continued the person’s condition resulting from mental illness or serious emotional disturbance is likely to deteriorate to the point that the person would again be admissible under Tenn. Code Ann. §33-6-403.

I understand that a person “poses a substantial likelihood of serious harm” IF AND ONLY IF:

- 1. A. The person has threatened or attempted suicide or to inflict serious bodily harm on such person, or
- B. The person has threatened or attempted homicide or other violent behavior, of
- C. The person has placed others in reasonable fear of violent behavior and serious physical harm to them, or
- D. The person is unable to avoid impairment or injury from specific risks.

AND

- 2. There is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

I conclude that this person is subject to admission to a hospital or treatment resource under Tennessee Code Annotated Title 33, Chapter 6, Part 4.


SIGNATURE OF EXAMINING PROFESSIONAL _____ DATE _____ TIME a.m./p.m. *

Phone Number: _____

Sworn to and subscribed before me this
_____ day of _____, 2_____.

Notary Public

My commission expires: _____

PATIENT IDENTIFICATION (Label) MH-5034 (Rev.5/13)		Dept. of Mental Health and Substance Abuse Services CERTIFICATE OF NEED FOR PROBABLE CAUSE HEARING §33-6-421 Page 2 of 2 RDA-2305
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