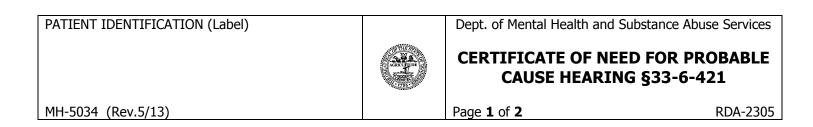
CERTIFICATE OF NEED REQUIRED UNDER TENN. CODE ANN. §33-6-421 FOR PROBABLE CAUSE HEARING

I,	, of the County of	
State o	of Tennessee, certify that I personally examined NAME OF PERSON EXAMINED OF DATE	on
(Checł	k One of the Following)	
I am a	a licensed:	
🗌 ph	nysician, or	
🗌 ps	sychologist designated as a health service provider	
	certificate concerns a child and is executed for the purpose of continued commitmer Tenn. Code Ann. §33-6-421, I certify that I have professional experience with children.	nt
that th	professional opinion, based on my examination and the information provided, I certi nnis person is subject to involuntary care and treatment under Tenn. Code Ann. §33-6-50 se 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 admittable 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.

				a.m./p.m. *			
SIGNATURE OF EXAMINING PROFESSIONAL	D/	ATE	TIME				
Phone Number:							
Sworn to and subscribed before me th	Sworn to and subscribed before me this						
day of	_, 2	_·					
Notary Public							
Notal y Public							
My commission expires:		-					
PATIENT IDENTIFICATION (Label)		Dept. of Menta	l Health and Sub	stance Abuse Services			
	And Contraction		TE OF NEED	FOR PROBABLE §33-6-421			
MH-5034 (Rev.5/13)		Page 2 of 2		RDA-2305			