

CERTIFICATE OF NEED  
FOR INVOLUNTARY COMMITMENT UNDER TITLE 33, CHAPTER 6, PART 5,  
TENNESSEE CODE ANNOTATED

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 under sixteen (16) years of age and is executed for the purpose of judicial commitment under Tenn. Code Ann. §33-6-502, 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 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, or
  - 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 severe 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.

SIGNATURE OF EXAMINING PROFESSIONAL \_\_\_\_\_ DATE \_\_\_\_\_ \*

Phone Number \_\_\_\_\_

\* The date of execution of this certificate must be within three days of the examination.

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

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_