

**IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON
MAGISTRATE DIVISION**

In the Matter of the Hospitalization of:)

_____,)

DOB: _____,)

SSN: _____,)

Proposed Patient.)

Case No. _____.

**APPLICATION FOR TEMPORARY
CUSTODY ORDER AND FOR ORDER
FOR DESIGNATED EXAM OF THE
MENTALLY ILL UNDER I.C. §§ 66-326
and 66-329**

**24 Hour Law Enforcement Hold, I.C. §
66-326**

Physician's Hold, I.C. § 66-326

**Application for Commitment, I.C. §
66-329**

DATE: _____ TIME: _____ a.m./p.m.

Applicant, _____, alleges the following:
(Print Name) (Title)

1. The last known address and telephone number of the proposed patient is:

_____.

2. The name, address and telephone number of the proposed patient's spouse,
guardian, or adult next-of-kin, or closest friend if next-of-kin is unknown (if
applicable): _____

_____.

3. Interpreter Needed: Yes No _____
Language
4. The proposed patient *can* or *cannot* be cared for privately in the event involuntary commitment is not ordered.
5. At the time of preparing this application the proposed patient *is* or *is not* a voluntary patient admitted into a facility in accordance with the procedure outlined in I.C. § 66-318. If the proposed patient *is* a voluntary patient in a facility, the proposed patient *has* or *has not* applied for release from the facility pursuant to I.C. § 66-320.
6. The applicant believes the proposed patient is mentally ill and *is likely to injure him/her self*, and/or *is likely to injure others*, and/or *is gravely disabled due to mental illness* based on the following information: _____

_____.

7. The proposed patient *has* or *does not have* any past history of mental illness.

8. Describe any change(s) in physical health since the problem arose: _____

_____.
9. Describe proposed patient's history of alcohol and/or drug use, if any: _____

_____.
10. The proposed patient *does* or *does not* have pending charges and *does* or *does not* need to be returned to the Canyon County Jail upon his/her release from treatment.
- Unknown/Do not know
11. The proposed patient has the following resources with which to pay for treatment, including health insurance, Medicare, Medicaid, and/or Veteran's benefits: _____

_____.
12. Prior to Designated Examination, the proposed patient has been transported to or is being held at:
- West Valley Medical Center,
- St. Luke's, Nampa,
- St. Alphonsus Regional Medical Center, Nampa, or
- Other, _____.

WHEREFORE, the applicant prays that this Court:

(1) Enter an order pursuant to I.C. § 66-326 for temporary custody of the proposed patient and;

(2) Enter an order pursuant to I.C. § 66-326 for a mental evaluation by a designated examiner within 24 hours of the entry of the temporary custody order.

DATED This _____ day of _____, 20__.

Applicant/Officer/Physician (print name)

Agency/Hospital

Applicant/Officer/Physician (signature)

PLEASE FAX COMPLETED APPLICATION TO THE FOLLOWING:

Canyon County Prosecuting Attorney's Office at **(208) 455-6092**
Region III Mental Health at **(208) 454-7714**