

# MENTAL HEALTH CRISIS PACKET (MINOR)

## I. APPLICATION FOR A MENTAL HEALTH CRISIS HOLD (NEVADA REVISED STATUTES 433A.160)

**CRITERIA FOR MENTAL HEALTH CRISIS, NRS 433A.0175:** A "person in a mental health crisis" means any person 1) who has a mental illness; and 2) whose capacity to exercise self-control, judgment and discretion in the conduct of a person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself or herself or others. **IT DOES NOT INCLUDE** any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs **unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.**

This form applies to unemancipated minors only. Pursuant to NRS 609.440, a minor is defined as a person less than 18 years of age, is a resident of the State of Nevada, and has not been declared emancipated pursuant to NRS 129.080 to 129.140.

Persons are authorized to place minors in a mental health crisis hold pursuant to NRS 433A.160 if, based on his/her/their personal observations, he/she/they has probable cause to believe that the minor is in a mental health crisis, or if a court order has been issued pursuant to NRS 433A.155: An officer authorized to make arrests in the State of Nevada or a physician, physician assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse. A qualified individual as described in this paragraph can place the minor into custody without a warrant for assessment, evaluation, intervention and treatment at a public or private mental health facility or hospital; and must fully complete this form.

### Complete only Section A OR Section B.

#### Section A

Based upon my observation, I have probable cause to believe that \_\_\_\_\_ who is an unemancipated minor, is a person in a mental health crisis for the following reasons:

A minor shall be deemed to present a substantial likelihood of serious harm to himself or herself or others if, without care or treatment, the person is at serious risk of: **(Check all that apply)**

- ☐ Attempting Suicide
- ☐ Attempting Homicide
- ☐ Causing bodily injury to himself or herself or others, including without limitation, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or a protracted loss or impairment of a body part, organ or mental functioning
- ☐ Incurring a serious injury, illness or death resulting from complete neglect of basic needs for food, clothing, shelter or personal safety

Describe in detail the behaviors and circumstances you observed in the minor leading you to believe they are in a mental health crisis. Do not give diagnoses to describe behaviors.

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I am currently: ☐ an officer authorized to make arrests in the state of Nevada, or

I am currently licensed in the state of Nevada as a: ☐ Physician ☐ Physician assistant ☐ Psychologist

☐ Marriage and family therapist ☐ Clinical professional counselor ☐ Social worker ☐ Registered nurse

Section A continues on page 2.

Patient Identification Sticker

Revised 1/8/2025

This form is intended to be printed and filled out,  
not filled out electronically.

## MENTAL HEALTH CRISIS PACKET (MINOR)

Name of person completing application: \_\_\_\_\_

Current Nevada license or badge number (if applicable): \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

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

### **Section B**

This section is to be completed only when the mental health crisis hold is placed pursuant to an ORDER issued by a Nevada district court pursuant to NRS 433A.155. The court order MUST be attached when completing this section.

Name of peace officer placing mental health crisis hold: \_\_\_\_\_

Current Nevada license or badge number, if applicable: \_\_\_\_\_

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

### **REQUIREMENT TO ATTEMPT TO OBTAIN CONSENT OF PARENT OR GUARDIAN BEFORE PLACING A MENTAL HEALTH CRISIS HOLD**

Pursuant to **NRS 433A.160(3)**, to the extent practicable, a person who places a mental health crisis hold on a person who is less than 18 years of age and who is not emancipated, shall attempt to obtain the consent of the parent or guardian of the person before placing the hold.

Parent or guardian contacted: \_\_\_\_\_

Method of contact (include phone number): \_\_\_\_\_

Result: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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

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### II. MEDICAL EXAMINATION (NEVADA REVISED STATUTES 433A.165)

**EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY (NRS 433A.165).** Before a person may be admitted to a public or private mental health facility or hospital under an emergency admission, pursuant to **NRS 433A.162**, they must: 1) First be examined by a licensed physician, physician assistant or advanced practice registered nurse at a location where a practitioner is authorized to conduct such an examination to determine whether they have medical conditions, other than a psychiatric condition which require immediate treatment, and 2) If such treatment is required, be admitted to a hospital for the appropriate medical care.

#### MEDICAL EXAMINATION:

On the basis of my personal examination of this person alleged to be in a mental health crisis it is my opinion that:

☐ Patient has a medical condition/disease requiring hospitalization for more than 72 hours; patient admitted or transferred to:

\_\_\_\_\_

☐ This minor has no medical condition or disease other than a psychiatric condition that requires hospitalization for treatment.

I am currently licensed in the State of Nevada as a: ☐ Physician ☐ Physician Assistant ☐ Advanced Practice Registered Nurse

Name of examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

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

### III. CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY OR HOSPITAL (NEVADA REVISED STATUTES 433A.170)

**CERTIFICATE OF CERTAIN PROVIDERS OF HEALTH CARE REQUIRED.** No public or private mental health facility or hospital shall accept an application for an emergency admission unless that application is accompanied by a certificate.

I have personally observed and examined this person within the last 72 hours and have concluded that:

☐ A. This person is deemed to be in a mental health crisis in accordance with **NRS 433A.0175**

☐ B. This person is **NOT** deemed to be in a mental health crisis in accordance with **NRS 433A.0175**

**Describe in detail the behaviors you observed in the person leading you to believe they are in a mental health crisis as described in NRS 433A.0175. My opinions and conclusions are based on the following facts and reasons. Do not give diagnoses to describe behaviors.**

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

☐ Psychologist ☐ Physician ☐ Physician Assistant (supervising psychiatrist): \_\_\_\_\_

☐ CSW with psychiatric training ☐ APRN with psychiatric training

Name of mental health clinician: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

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

Patient Identification Sticker

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## MENTAL HEALTH CRISIS PACKET (MINOR)

### IV. CERTIFICATE OF RELEASE OF PERSON PLACED ON A MENTAL HEALTH CRISIS HOLD (NEVADA REVISED STATUTES 433A.195)

**PROCEDURE FOR RELEASE:** A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person from a mental health crisis hold upon completion of a certificate pursuant to **NRS 433A.195**.

I have personally observed and examined this person and have concluded that they are not in a mental health crisis pursuant to **NRS 433A.0175**. **Describe in detail the behaviors you observed in the person leading you to this conclusion. Do not give a diagnosis to describe behaviors.**

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☐ Psychiatrist ☐ Psychologist ☐ Physician Assistant (supervising psychiatrist): \_\_\_\_\_

☐ Physician ☐ CSW with psychiatric training ☐ APRN with psychiatric training

Name of examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

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

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Once this section is completed, the person is no longer certified to be eligible for a Mental Health Crisis Hold pursuant to **NRS 433A.195**.

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