



STATE OF ILLINOIS
 IN THE CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT
 _____ COUNTY, ILLINOIS

IN THE MATTER OF

CASE NO. _____

 Respondent

Date of Birth: _____

Gender: _____

Address: _____

Descriptive/Identifying Characteristics: _____

ORDER FOR DETENTION, EXAMINATION, DIAGNOSTIC EVALUATION

This matter coming to be heard on the Petition of _____ seeking:

- An Examination pursuant to 405 ILCS 5/3-700 et seq (inpatient admission by court order); or
- An Examination pursuant to 405 ILCS 5/3-750 et seq (outpatient admission by court order); or
- An Emergency Admission of a person with an intellectual disability pursuant to 405 ILCS 5/4-400 et seq.

The People being present by the _____ County State’s Attorney’s Office, the Petitioner being present, and the Court being fully advised finds as follows:

- The Court, having made inquiry of the Petitioner, finds that there are reasonable grounds to believe that the facts stated in the petition are true and that the Respondent may be subject to involuntary admission.

The Court further finds an emergency exists, and *(check all that apply)*:

- The Respondent is in need of an Examination.
- The Respondent is in need of immediate Detention and Examination.
- No certificate.
- One certificate having been filed certifying that the Respondent is subject to:
 - Involuntary admission on an inpatient basis; or
 - Involuntary admission on an outpatient basis.

Optional: The Court may choose to include additional findings. This does not replace the verbatim record required by 405 ILCS 5/3-817.

RETURN

On _____, at _____ (a.m./p.m.), I took custody
(Date - mm/dd/year) (Time)

of _____, and served him/her with a
(Respondent's Name)

copy of the Petition, this Order, and a Statement of Rights, and brought him/her to

_____ as commanded this date
(Facility Name and Address)

(Date - mm/dd/year)

(Signature)



TO BE COMPLETED AT THE FACILITY *(if applicable)*

On _____, at _____ a.m./p.m. _____
(Date - mm/dd/year) (Time) (Respondent's name)

was received at this facility together with his/her personal property.

Facility: _____

Staff signature: _____

Title: _____

Facility Director: _____