

IN THE CHANCERY COURT OF THE \_\_\_ DISTRICT  
OF \_\_\_\_\_ COUNTY, MISSISSIPPI

IN THE MATTER OF: \_\_\_\_\_, alleged to be mentally ill.

Cause No. \_\_\_\_\_

**ORDER OF COMMITMENT**

This matter having come on for hearing in accordance with law, and the Court having found as follows:

I

The Court has jurisdiction over the subject matter and all the necessary parties, and the Respondent is represented by an attorney in this matter.

II

The Respondent (please mark one):

was present at the hearing;

knowingly waived a hearing with the approval of the Court (Waiver attached); or

was unable to attend the hearing for the following reasons: \_\_\_\_\_

\_\_\_\_\_.

III

The Court has reviewed the pre-affidavit screening and (please mark one):

received a recommendation for involuntary commitment; or

received a recommendation for treatment in a lesser restrictive environment; or

received a request from an interested person to proceed with petition contrary to the recommendation of the pre-affidavit screener.

IV

The Court (please mark one):

Appointed two (2) reputable licensed physicians or one (1) reputable, licensed physician and either one psychologist, nurse practitioner or physician assistant to conduct physical and mental exam.

Did not appoint professionals to conduct physical and mental exam because the pre-affidavit screening did not recommend commitment.

V

The Court (please mark one):

\_\_\_ received a record of all drugs or other treatment received by the Respondent pending the hearing;

\_\_\_ has determined that an accurate record of drugs or medication is not practical for the following reasons \_\_\_\_\_

VI

The Respondent was not so under the influence of drugs, medication, or other treatment as to be hampered in participating in the proceedings.

VII

The Respondent does NOT have a primary problem associated with physical disabilities associated with old age or birth defects of infancy. The Respondent does not have ONLY one or more of the following conditions: epilepsy, an intellectual/developmental disability, brief periods of intoxication caused by alcohol or drugs, dependence upon or addiction to any alcohol or drugs or senile dementia.

VIII

The Respondent, by clear and convincing evidence, is a person with mental illness who poses a substantial likelihood of physical harm to self/others as demonstrated by: \_\_\_\_\_

IX

The following out-patient care/alternative living arrangements/other has/have been considered as alternative to institutionalization and have been found not suitable for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

X

There is no suitable alternative to judicial commitment: \_\_\_\_\_

\_\_\_\_\_.

IT IS THEREFORE ORDERED AND ADJUDGED that the Respondent be committed to:  
\_\_\_\_\_ State Hospital OR any Mississippi Department of Mental Health program for  
observation, diagnosis, and treatment as may be determined and coordinated by the aforementioned  
treatment program;

\_\_\_\_\_ for holding, treatment, and medication until discharged  
OR until a bed becomes available at a Mississippi Department of Mental Health program.

IT IS FURTHER ORDERED AND ADJUDGED, that transportation may be provided by:

- \_\_\_ Peace officer; or
- \_\_\_ Sheriff's Office personnel; or
- \_\_\_ Other person.

IT IS FURTHER ORDERED AND ADJUDGED, that the following fees be paid to the  
attorney and/or physician/medical professional for services related to this commitment:

---

---

---

---

(This initial commitment to remain in effect not to exceed ninety days, unless  
terminated earlier as provided by law.)

SO ORDERED AND ADJUDGED, this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_, Special Master \_\_\_\_\_  
TYPE NAME SIGNATURE

APPROVED BY:

\_\_\_\_\_, Chancellor \_\_\_\_\_  
TYPE NAME SIGNATURE

APPROVED AS TO THE FORM ONLY:

\_\_\_\_\_, Attorney \_\_\_\_\_  
TYPE NAME SIGNATURE