

OFFICERS MENTAL HEALTH CONTACT REPORT

VOLUNTARY/INVOLUNTARY COMMITMENTS
CONFIDENTIAL REPORT - NOT SUBJECT TO DISCLOSURE

DATA	MONROE POLICE DEPARTMENT		RESP	ASGN	REPORTING AREA	BEAT	INCIDENT #																																					
	TYPE () OFCR SAFETY OF () OFCR ASSAULT REPORT: () PERSONS		CHECK APPROPRIATE SELECTION: () SUICIDAL () WEAPONS () HOMICIDAL/THREATS TO OTHERS () PRIOR RELATED CONTACTS () UNABLE TO CARE FOR SELF				() DANGER TO PROPERTY () ALCOHOL INVOLVEMENT () MEDICAL PROBLEMS () AGREES TO MENTAL HEALTH TREATMENT () DRUG INVOLVEMENT () REFUSES MENTAL HEALTH TREATMENT		OFFENSE CODES		A	C																																
	INCIDENT CLASSIFICATION <input type="checkbox"/> INFO MENTAL <input type="checkbox"/> COURT COMMITMENT <input type="checkbox"/> SUICIDE ATTEMPT <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		<input type="checkbox"/> AS A RESULT OF A MENTAL DISORDER, PRESENTS AN IMMINENT LIKELIHOOD OF SERIOUS HARM TO SELF OR OTHERS <input type="checkbox"/> IS GRAVELY DISABLED <input type="checkbox"/> IS A DANGER TO THE PROPERTY OF OTHERS																																							
	ADDRESS/LOCATION OF INCIDENT						PREMISE TYPE/NAME			CODE																																		
REPORTED ON												OCCURRED ON OR FROM												OCCURRED TO																				
MONTH			DAY			YEAR			TIME			DOW			MONTH			DAY			YEAR			TIME			DOW			MONTH			DAY			YEAR			TIME			DOW		
CLIENT	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)										D.O.B.		AGE		HGT		WGT		HAIR		EYES																					
	STREET ADDRESS										APT. #		CITY				STATE		ZIP		RES. STATUS F P NO U		4																					
	RESIDENCE PHONE					BUSINESS PHONE																																						
	NAME(LAST, FIRST, MIDDLE)												D.O.B.		AGE		HGT		WGT		HAIR		EYES																					
WITNESS/CONTACT	STREET ADDRESS										APT. #		CITY				STATE		ZIP		RES. STATUS F P NO U		4																					
	RESIDENCE PHONE					BUSINESS PHONE																																						
NARRATIVE																																												
STATUS	OFFICER NAME/NUMBER						COURT CODE		APPROVED BY				ASSIGNED																															
	IBR CLEARANCE (ONE)												COPIES MADE FOR:																															
	() ARR/A () EXC/A () INSUFF/CLO			() OTHER/CLO () PA () CPS () JUV () COURT: CAS / EVG / SOUTH / EVT			() ARR/J () EXC/J () UNF () PAT () DSHS () MH () DET: PREC/CTH/SPEC			() OTHER			DATA ENTRY																															
												REPORT NUMBER																																