

Partners in Recovery

Police Mental Health Detention Information Sheet for Court Ordered Detention

To:	Any Sheriff, Constable, Marshall, or Police Officer of the State of Arizona			
CHECK THE APPROPRIATE BOX BELOW				
<input type="checkbox"/> PHOENIX POLICE		<input type="checkbox"/> SHERIFF'S OFFICE		<input type="checkbox"/> OTHER:
POLICE DEPARTMENTS (check one)				
NORTH AND WEST VALLEY				
<input type="checkbox"/> Glendale	<input type="checkbox"/> Tolleson	<input type="checkbox"/> Goodyear	<input type="checkbox"/> Avondale	
<input type="checkbox"/> El Mirage	<input type="checkbox"/> Surprise	<input type="checkbox"/> Peoria	<input type="checkbox"/> Buckeye	<input type="checkbox"/> Youngtown
SOUTH AND EAST VALLEY				
<input type="checkbox"/> Scottsdale	<input type="checkbox"/> Tempe	<input type="checkbox"/> Gilbert	<input type="checkbox"/> Mesa	<input type="checkbox"/> Chandler

From:	CHOICES of Arizona	Date:	
Clinic Site:		Telephone Number:	
Case Manager:		Telephone Number:	
Doctor:		Telephone Number:	
Relative:		Telephone Number:	

Mental Health Pick-Up Order				COT MH Number:			
Last Name:			First Name:		M.I.:		
Address:			City:		, AZ	Zip:	
Major Cross Roads:					SSN:		
Pick-Up Location (if different than above):							
Telephone:		DOB:	Age:		Sex:		
COT Effective Date:		COT Expiration Date:		Remaining Inpatient Days:			

**Individuals will be transported to:
Psychiatric Urgent Care, 903 N. 2nd Street, Phoenix, Arizona, 85004**

Physical Description of Consumer:							
Race:		Height:		Weight:			
Eye Color:		Hair Color:					
Identifying Marks or Scars:			Physical Condition:				
Residence – Lives Alone:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If No, with whom:			
Any Children/Dependents need Foster care?			<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Any pets? Rabies/Animal control Required?			<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Does the Consumer possess weapons?			<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Who can assist with pick-up?		Relationship:		Telephone:			
Type of Transportation Recommended:		<input type="checkbox"/> Police Unit	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Special transportation required			
COMMENTS:							

NOTE: This confidential information **WILL NOT** be acted on until the receipt of a Court Order (ARS 36-529, ARS 36-540) or authorization by the Medical Director of the evaluation agency (ARS 36-540.01, ARS 36-544).