

EXECUTIVE ORDER



Subject	Revised FD-12 Form and Procedures
Number	EO-23-014
Effective Date	December 18, 2023
Related to:	GO-OPS-308.04 (Interacting with Mental Health Consumers)

DISTRICT OF COLUMBIA

The purpose of this executive order is to announce an updated form and procedures for the FD-12 (Application for Emergency Hospitalization by a Physician, Officer or Agent of the DC Department of Behavioral Health or an Officer Authorized to Make Arrests).

Effective immediately, members shall use the FD-12 with the revision date of 2023 (available on MPD Online Forms) and upload a scanned copy of completed FD-12 forms into the “attachments section” of their RMS report.

Review Attachment A (Sample FD-12 Form). The checkbox titled “The Person to be taken into custody is currently in a hospital or at CPEP as a voluntary patient” should be left blank. The box is for use by hospitals/CPEP and is **not** for use by MPD.

Pamela A. Smith
Chief of Police

Attachment A: Sample FD-12 Form

TYPE OR PRINT

Superior Court of the District of Columbia
APPLICATION FOR EMERGENCY OBSERVATION AND DIAGNOSIS BY A PHYSICIAN OR PSYCHOLOGIST OF THE PERSON, OFFICER OR AGENT OF D.C. DEPARTMENT OF BEHAVIORAL HEALTH, OR AN OFFICER AUTHORIZED TO MAKE ARRESTS

To: Administrator, Hospital or Comprehensive Psychiatric Emergency Program (CPEP)

I, state

PHYSICIAN OR PSYCHOLOGIST OF THE PERSON:

That, I am a physician or qualified psychologist (check one); that I am not related by blood, marriage, or domestic partnership to the person allegedly suffering from mental illness; that I am not financially interested in the hospital in which said person is to be detained; that the statements are based on my personal observation and examination not more than 72 hours prior to the making of this application of said person; and

SAMPLE

OFFICER OR AGENT, DBH

That I am a duly accredited officer or agent of the Department of Behavioral Health of the District of Columbia (ID number); and having reason to believe that

POLICE

That I am an officer authorized to make arrests in the District of Columbia (badge number) (CCN); and having reason to believe that

LEAVE THIS SECTION BLANK For hospital/CPEP use ONLY

(Name, address, and age) has a mental illness and, because of such illness, is likely to injure self or others. I am applying under the provisions of Title 21 § 521 D.C. Code for the admission of said person to CPEP for emergency observation and diagnosis, and request that said person be examined by a psychiatrist, or qualified psychologist on duty for said hospital or CPEP.

The person to be taken into custody is currently in a hospital or at CPEP as a voluntary patient.

(1) STATE CIRCUMSTANCES UNDER WHICH PERSON WAS TAKEN INTO CUSTODY (Use reverse side if needed)

(2) STATE FACTS WHICH LEAD YOU TO BELIEVE PERSON HAS A MENTAL ILLNESS (Use reverse side if needed)

(3) STATE FACTS WHICH LEAD YOU TO BELIEVE PERSON IS LIKELY TO INJURE SELF AND/OR OTHERS AS A RESULT OF MENTAL ILLNESS (Use reverse side if needed)

Print Name and Rank or Professional Title of Applicant
Date Time Signature of Applicant
Name of witness (if applicable) Business Address (Precinct or Service) of Applicant
Contact information for witness (if applicable) Telephone Number and Email Address of Applicant

Form FD(12), revised 2023 Use reverse side if needed