## **EXECUTIVE ORDER**



| Subject   |
|---|
| Revised FD-12 Form and Procedures                                       |
| Number  |
| EO-23-014   |
| Effective Date  |
| December 18, 2023   |
| Related to:<br>GO-OPS-308.04 (Interacting with Mental Health Consumers) |
| 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 <u>voluntary</u> patient" should be left blank. The box is for use by hospitals/CPEP and is <u>not</u> for use by MPD.

Pamela A. Smith Chief of Police

## Attachment A: Sample FD-12 Form

| PRINT       APPLICATION FOR ENERGINCY OBSERVATION AND DIAGNOSIS BY A PHYSICIAN OL<br>PSYCHOLOGIST OF THE PERSON. OFFICE ROR AGENT OF DC. DEPARTMENT OF BEHAVIORA<br>HEALTH, OR AN OFFICER AUTHORIZED TO MAKE ARRESTS         Te:   |  | Superior Court of the District of Columbia   |
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| PHYSICIAN OR       FSYCHOLOGIST         OFTHE PERSON:       Generating of the person allegedy suffering from mental illuses; that I am not related by blood, marriage, domestic partership to the person is to be detained: that the statements are based on my personal observation examination not more than 22 hours prior to the making of this application of sid person; so the detained: that the statements are based on my personal observation examination not more than 22 hours prior to the making of this application of sid person; so the detained: that the statements are based on my personal observation examination not more than 22 hours prior to the making of this application of sid person; and examination not more than 22 hours prior to the making of this application of sid person; and examination not more than 22 hours prior to the making of this application of sid person; and example and having reason to believe that the state of the person is to believe that the detail of the person is the detail of the person is to believe that the detail of the person is to believe that the state of the person is to believe that the district of Columbia (D number; and having reason to believe that the district of Columbia (D number; and having reason to believe that the superbaladity of of Title 21 S S TLO. Code for the administor to believe that the superbaladity of the person is to believe the provision of Title 21 S S TLO. Code for the administor of the administor administor of  | I,   | , state  |
| OFFICER OR<br>AGENT, DBH       That I am a duly accredited officer or agent of the Department of Behavioral Health of the<br>AGENT, DBH         POLICE       That I am an officer authorized to make arrests in the District of Columbia (hadge number<br>(CCN); and having reason to believe that         Image: the policy of the provisions of Title 21 § \$21 D.C. Code for the admission<br>(Name, address, and according to sole policy of the provisions of Title 21 § \$21 D.C. Code for the admission<br>(Name, address, and according to generate that said person be control by a psychiatrist, or qualifier psychologies on during for sole bookiest on during the provisions of Title 21 § \$21 D.C. Code for the admission<br>(I) 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 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<br>RESULT OF MENTAL ILLNESS (Use reverse side if needed)         Date       Time         Signature of Applicant       Signature of Applicant         Name of witness (if applicable)       Basiness Address (Precinct or Service) of Applicant   | PSYCHOLOGIST                                   | domestic partnership to the person allegedly suffering from mental illness; that I am not financially interested<br>hospital in which said person is to be detained; that the statements are based on my personal observation<br>examination not more than 72 hours prior to the making of this application of said person; and<br>ECK APIEDPRIATECEX (1) (2) BE<br>That are micered donot the laws are bistricted. Columbia from not professionally or officiall<br>meets with the host all which had person is a be detained and having reason to believe that |
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| (CCN); and having reason to believe that         (Name, address, and as         Image: CCN   |  |  |
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| has a mental illness and, because of such illness, is likely to injure shapileation under the provisions of Title 21 § 521 DC. Code for the admission and the admission of the a |  | (Name, address, and ag   |
| application under the provisions of Title 21 § 521 D.C. Code for the admission of CPEP for emergency observation and diagnosis, and request that said person becomposited on durk for establocation of CPEP       Intel by a psychiatrist, or qualified psychiatrist, or qualified psychiatrist, or qualified psychiatrist, or qualified psychiatrist, or provisions of the person to be taken into custody is currently in a hospital or at CPEP as a <u>voluntary patient</u> .         (1) STATE CIRCUMSTANCES UNDER WHICH PERSON WAS TAKEN INTO CUSTODY (Use reverse side if needed)   | has a mental illness and                       |  |
| Interchalooist on duty for evid hoenital or CPEP         The person to be taken into custody is currently in a hospital or at CPEP as a <u>voluntary</u> 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 of Applicant   | application under the p                        | provisions of Title 21 § 521 D.C. Code for the admission on appendix   |
| The person to be taken into custody is currently in a hospital or at CPEP as a <u>voluntary</u> 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         Signature of Applicant         Contact information for witness (if applicable)  |  |  |
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| Form FD(12), revised 2023  | (3) STATE FACTS WH<br>RESULT OF MENTAL<br>Date | HICH LEAD YOU TO BELIEVE PERSON IS LIKELY TO INJURE SELF AND/OR OTHERS AS A , ILLNESS (Use reverse side if needed)  Print Name and Rank or Professional Title of Applicant  Print Name and Rank or Professional Title of Applicant able) Business Address (Precinct or Service) of Applicant   |

EO-23-014 (Revised FD-12 Form and Procedures) Attachment A Sample FD-12 Form 1 of 1 December 18, 2023