



MARYLAND
Department of Health

BEHAVIORAL HEALTH ADMINISTRATION
Catonsville, MD 21228

APPLICATION FOR INVOLUNTARY ADMISSION

This application for involuntary admission to a facility for the care or treatment of a mental disorder may be signed by any person who has a legitimate interest in the welfare of the individual (Health-General Article, §10-614, Annotated Code of Maryland). ***This application must be accompanied by DHMH Form #2 Physician's, Psychologist's or Psychiatric Nurse Practitioner's Certificate to Accompany Application for Involuntary Admission*** (Health-General Article, §10-615, Annotated Code of Maryland).

To the Administrative Head of: _____
Name of Facility

I, _____, the undersigned applicant, have a legitimate interest in the welfare of:
_____ and I hereby request that you admit the individual to your facility
(Individual's Name)
for the care or treatment of a mental disorder.

Printed Name of Applicant

Signature of Applicant

Home or Agency Address

Relationship to Individual or Official Capacity

Telephone Number

Date *Time*

The services and programs of the Maryland Department of Health are provided on a non-discriminatory basis and in compliance with Title VI of the Civil Rights Act of 1964. Any complaints regarding alleged discrimination may be filed in writing with the Director, Behavioral Health Administration, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, MD 21228, and the Office of Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

Application for Involuntary Admission must be on this form (Health-General Article, §10-615(3))