

**CERTIFICATION BY PEACE OFFICER**

I am a  sheriff,  deputy sheriff,  State police officer,  county police officer,  municipal or other local police officer, or  Secret Service agent who is a sworn special agent of the United States Secret Service or Department of Homeland Security authorized to exercise powers delegated under 18 U.S.C. § 3056.

As to ..... (Evaluee), I have personally observed the  Evaluee or  Evaluee's behavior and, based on the  observation or  other information, have reason to believe that the Evaluee has a mental disorder and presents a danger to the life or safety of the Evaluee or others. Pursuant to Maryland Code, Health-General Article § 10-622, I have transported the Evaluee to ..... (emergency facility) for evaluation.

.....  
Date and Time Peace Officer  
.....  
Department ID Number

**CERTIFICATIONS BY OTHER PERSON QUALIFIED UNDER HG § 10-622 AND PEACE OFFICER**

I am a  physician,  psychologist,  clinical social worker,  licensed clinical professional counselor,  clinical nurse specialist in psychiatric and mental health nursing,  psychiatric nurse practitioner,  a licensed clinical marriage and family therapist,  health officer or  designee of a health officer. I have examined ..... (Evaluee). Based on  the examination or  other information, I have reason to believe that the Evaluee has a mental disorder and presents a danger to the life or safety of the Evaluee or others and, in accordance with Maryland Code, Health-General Article § 10-622, have completed the attached Petition for Emergency Evaluation and have requested a peace officer to take into custody and transport the Evaluee to the nearest emergency facility for evaluation by a physician. The Peace Officer explained to me the serious nature, meaning, and content of the Petition and I asked the officer to proceed.

.....  
Date and Time Physician or other Qualified Person under HG § 10-622  
.....  
License No.

I have explained to the Petitioner the serious nature of the Petition and the meaning and content of the Petition.

.....  
Date Peace Officer  
.....  
Department ID Number