

**CERTIFICATE FOR COMMITMENT OF CHILD
TO
PHYSICAL CUSTODY OF LOCAL MENTAL HEALTH AUTHORITY**

I, _____, do hereby certify that I am a licensed physician or a designated examiner appointed by the Division of Substance Abuse and Mental Health and that I have examined _____ within a three-day period immediately preceding this certification
Child (person under 18 years of age)
and that I am of the opinion that said child is mentally ill and because of his/her mental illness is likely to injure self or others if not immediately restrained.

I base my opinion on the following: _____

DATED this _____ day of _____ 20 _____.

Signature/Title

Address Phone

Instructions: UCA 62A-15-703(6): "... a child may be temporarily committed to the physical custody of a local mental health authority only in accordance with the emergency procedures described in Subsection 62A-15-629 (1) or (2). A child temporarily committed in accordance with those emergency procedures may be held for a maximum of 72 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, the child shall be released unless the procedures and findings required by this section have been satisfied."