

Document # 7

Request to Take Mentally Ill Person into Custody
10/01/03

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REQUEST TO TAKE MENTALLY ILL PERSON INTO CUSTODY
PART A

DATE: 10/1/03

TIME: 1pm

TO: _____
(Name of Police Officer) BMMA Police
(Name of Police Agency)

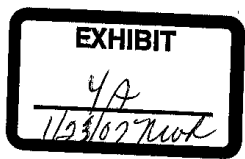
You Are Requested To Take Into Custody:

Lula Baity
(Name of Patient)

344 Perry St #4B
(Street)

Buffalo, NY 14204
(City, Town, Village)

And Transport Him/Her To:
ECMC



He/she has been evaluated by me and found to be dangerous to him/herself or others, and needs immediate care and treatment in a hospital.

I certify that I am a designee authorized by the Director of Community Services of Erie County to make such a request as provided by the Mental Hygiene Law of the State of New York (Section 9.45).

[Signature]
Signed

EMERGENCY ADMISSIONS DESIGNEE
Title

Section 9.45 of the New York State Mental Hygiene Law:

"The Director of Community Services or his designee shall have the power to direct the removal of any person, within his jurisdiction, to a hospital approved by the Commissioner pursuant to subdivision "a" of Section 9.39 if the parent, spouse, or child of the person, licensed physician, health officer, or peace officer reports to him that such person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to him/herself or others, as defined in Section 9.39. It shall be the duty of peace officers of the state, town, village, county, and city who are members of an authorized police department or force or of a sheriff's department to assist representatives of such Director to take into custody and transport any such person. Such person may then be retained pursuant to the provision of Section 9.39."

7

EXHIBIT
 4B
 1/23/07/TKW

290

CONFIDENTIAL
REQUEST TO TAKE MENTALLY ILL PERSON INTO CUSTODY
PART B

DATE: 10/1/03

Baity Lula
 Name of Patient (Last Name) First Name
80 F
 Age Sex
344 Perry St #4B BS10 Ec.e Ny 14204
 Address (Street Number) City County State Zip

Name of nearest living Relatives or friends Relationship Street Address City/State/Zip Telephone #
Berry BMHA social worker 5B 9394 833-0530
Mattie Sis-in-law 895-3102

PREVIOUS MENTAL HEALTH TREATMENT, IF KNOWN
 Name of Facility Location (City & State) Type of Treatment Date
unk

STATEMENT: State specific behavior displayed by patient, which is likely to result in substantial risk of physical harm to n/herself or others. The described behavior must be: 1) threats of, or attempts at suicide or serious bodily harm or other conduct which demonstrates he/she is dangerous to him/herself, 2) manifestations of homicidal or other violent behavior by which others are placed in reasonable fear or serious harm.

LIST BEHAVIORS SPECIFIC TO MENTAL ILLNESS AND HARM:

Harm: L assessed @ high likelihood of harm. L has hx of being combative w/ others. L has multiple med pr's & is refusing med/tx for same (per Rural Metro, L was very hypertensive w/ irregular heart rhythm) L poor eating/sleeping, fair ADL's. L unable to safely maintain self in community.

MI: unk dx. L was cooperative w/ team. L presented as confused w/ loose associations (jumped fr topic to topic unable to fully ans. questions). L presented as labile @ times (calm -> angry) + reported delusions re: bra killing L's "people". L oriented x3. L presented w/ poor insight & judgement based on above.

Loe Stuedel, CSW (8)