Police Mental Health Detention Information Sheet

Form 3.18.1

THIS IS NOT A PICK UP ORDER - DO NOT FAX TO POLICE

Law Enforcement Agency

(check appropriate box)

☐Apache Junction ☐Avondale ☐Buckeye ☐Chandler ☐El Mirage ☐Gilbert ☐Glendale ☐Goodyear
☐Maricopa County Sheriff ☐Mesa ☐Peoria ☐Phoenix ☐Queen Creek ☐Scottsdale ☐Surprise ☐Tempe ☐Youngtown

Magellan Health Service of Arizona

COT MH #	Amendment Submittal Date:	COT Expiration Date:

Clinic Name:	Telephone # (including area code)
Case Manager:	Telephone # (including area code)
Psychiatrist Name:	Telephone # (including area code)
Relative:	Telephone # (including area code)
Clinical Director or Site Administrator:	Telephone # (including area code)

Email: (Clinical Director or Site Administrator)

Behavioral Health Recipient Information (ALL FIELDS REQUIRED)

Last Name:	First Name:	MI:

Sex: ☐Male ☐Female	Wt:	Ht:	Eyes:	Hair:	Race:

SSN: - - DOB: (mm/dd/yyyy)

Residential Information

(check appropriate box)

☐Homeless ☐House ☐Apartment ☐Group/Care Home ☐Other:

Current Pick-Up Address/Location: Apt Number (if Applicable):

City: State: Arizona Zip code: Telephone # (including area code)

Major Cross Roads:

Has this recipient been contacted at this address: ☐No ☐Yes If yes, provide details:

Does this recipient live alone? ☐Yes ☐No If no, with whom? Relationship:

Recipient's current physical condition?

Number and ages of children/dependents needing Foster Care (if applicable):	Is Rabies/Animal Control required for any pets: ☐No ☐Yes If yes, number and type(s) of pet(s):

Does the recipient possess any known weapons? ☐No ☐Yes If yes, list type(s) of weapon(s) and location if known:

Shown to have a history of violence toward police? ☐No ☐Yes If yes, provide detailed information:

Type of transportation recommended: ☐Ambulance ☐Police Unit ☐Special Transportation: (provide details)

Please list any additional information that would assist police in locating the recipient: (additional addresses, arrest booking number, current arrest location, etc.)

Note: This confidential information WILL NOT be acted upon until the receipt of a Court Order (ARS 36-529, 36-540) or authorization by the Medical Director of the evaluating agency (ARS 36-540.1, ARS 36-544)

Please complete this form online, print and fax to Magellan Court Advocacy at 1-800-424-4280