

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

IN AND FOR _____ COUNTY

DELAWARE PSYCHIATRIC CENTER, a facility of :
and for and on behalf of, The Division of Substance :
Abuse and Mental Health, Department of Health and :
Social Services, :
State of Delaware, :

C.A.: _____

Petitioner

V.

Respondent

PSYCHIATRIST'S CERTIFICATE OF NON-AMENABILITY

I, _____, a physician licensed to practice medicine in the State of Delaware, specializing in the field of Psychiatry, and employed by _____, do hereby certify that:

1. I have examined the Respondent in this matter captioned above on _____, 20__;

OR

2. While I have not been able to examine the respondent directly, I have information and belief about the Respondent in the matter captioned above reported to me on _____, 20__;

AND

3. Based upon my examination and/or my information and belief, and for the reasons set forth with particularity below, I have determined that the Respondent is not amenable to out-patient treatment because the lesser restraint is not consistent both with affording the Respondent mental health treatment and care and with protecting the safety of the Respondent, and the Respondent should therefore be returned to the hospital, as the term is defined in 16. C. Section 5001 (2) and Section 5101 (4):

Signed: _____
Certifying Psychiatrist

Print Name

DATED this _____ day of _____, 20__