

**DELAWARE HEALTH AND SOCIAL SERVICES****Division of Substance Abuse and Mental Health**

1901 North DuPont Highway, New Castle, Delaware 19720

"(e) The State Treasurer shall pay police officers, constables, sheriffs and deputy sheriffs for service as peace officers under this section at the rate of 31 cents for each mile necessarily traveled and a custody fee of \$100 when transporting a person with a mental illness from one county to another."

TRANSPORTATION REIMBURSEMENT REQUEST

FOR PERSONS TREATED UNDER A MENTAL HEALTH COMMITMENT

(Del. Code: Title 16, Chapter 51, Section 5122 (e) as amended 6/06)

Please submit form at time of service to:

DSAMH - Contracts Unit

1901 N. DuPont Hwy. , Springer Bldg.

New Castle, Delaware 19720

Complaint No: _____ Date (MM/DD/YYYY) _____ and _____ Time (00:00) _____
a.m.
p.m.

Name of Dept/Troop# _____

Street Address _____

City _____

State _____

Zip _____

Client Name: _____

Transport Date (MM/DD/YYYY) _____ and _____ Time (00:00) _____
a.m.
p.m.

Name of Transporting Officer: _____ IBM# _____

Name of Second Officer: _____ IBM# _____

Client Transported:

From /Origin	ODOMETER Start	To/Destination	ODOMETER End	Trip Travel Miles
From /Origin	ODOMETER Start	To/Destination	ODOMETER End	Trip Travel Miles

Total Trip Travel Miles: _____ @ \$0.31 each = \$ _____

*Plus Custody Fee (\$100) = \$ _____

*NOTE: Custody fee is paid only when a person with
a mental illness is transported from one county to another.

TOTAL REIMBURSEMENT REQUESTED: = \$ _____

I hereby certify that the information on this Reimbursement Form is complete and accurate to the best of my knowledge, and that the above-men-
tioned client has been transported to the designated receiving facility in accordance with the Delaware Code.

Name of Officer Completing this Form: _____
Print full name

Signature _____ Date _____ and _____ Time _____

Title/Unit _____ Telephone _____