

Date: _____ County: _____

Administrative Sheriff In Charge: _____

MENTAL HYGIENE WARRANTS INTAKE SHEET

Petitioner's Name: _____

Petitioner's Address: _____

Petitioner's Telephone #: _____

Name of Person to be Detained: _____

Your Relationship To The Person: _____

Where Can The Person Be Found: _____

Person's Description: Sex__ Height ____ Weight ____ Age__ Photo Provided? Y __N__

Behavior of Person: (i.e., violent, argumentative, reclusive, other): _____

Petitioner's Signature: _____ Date: _____

OFFICIAL USE ONLY

Priority in Execution:

Note Special Circumstances

- 1) Immediately _____
- 2) Normal _____
- 3) Other _____

Scheduled Date of Execution: _____

NYPD Precinct: _____ Phone #: _____

Deputies Assigned: _____

Warrant & Sheet Reviewed By: _____

Approved: _____ Rejected: _____