Rockingham-Harrisonburg MCU ~ Transfer of Custody Form

Case #: _____ - _____

_____   ____ / ____ / _____   Male / Female   SSN: _____ -- ____ -- _____
NAME OF RESPONDENT   DATE OF BIRTH

_____   _____
RESIDENCE ADDRESS   MAILING ADDRESS IF DIFFERENT

_____ _____ _____   _____ _____ _____
CITY   STATE   ZIP CODE   CITY   STATE   ZIP CODE

Individual was taken into Emergency Custody Pursuant to:
[] § 37.2-808: Initiated by an order issued by the Office of the Magistrate, which is attached;
This Emergency Custody will **expire** on _____ / ___ / _____ at _____ : _____
OR
[] § 37.2-808 G: Initiated by a Law Enforcement Officer;
Emergency Custody was executed at _____ / ___ / _____ at _____ : _____

This Emergency Custody will **expire** on ____ / ___ / _____ at _____ : _____

_____   _____ _____
Name of Law Enforcement Officer   **Agency**   **Badge #**

_____   _____ / ___ / _____   _____ : _____
Signature of Law Enforcement Officer   HRCSB Notified by Law Enforcement: **Date**   **Time**

[ ] The Mobile Crisis Unit (MCU) accepts a Transfer of Custody for this individual pursuant to § 37.2-808 E, and in accordance with the Memo of Agreement establishing the policies and procedures for such transfer.
_____   ___ / ___ / _____   ____ : _____
Name of MCU Officer in Charge   Badge #   Transfer: Date   Time

_____
Signature of MCU Officer in Charge   **[ ] Exchange of Custody not accepted at this time.**

[] Individual and the ECO have been released as the Individual was found to not meet TDO criteria at this time. [] Check, if for Medical Reasons
[] Individual and the ECO have been released as the Individual has agreed to be admitted voluntarily.

[] Individual meets TDO Criteria and will be transferred to _____, the accepting facility.

_____   _____ _____ / ___ / _____ ____ : _____
Name of Certified Prescreener   Signature of Certified Prescreener   Date   Time

[] A change has occurred and the MCU officer can no longer provide for the security of the individual or others.
OR
[] A TDO has been issued and the MCU officer requires assistance in moving the individual to the accepting unit within Sentara RMH.
OR
[] A TDO has been issued which identifies an accepting facility other than Sentara RMH and law enforcement officers will be required to transport the individual to the accepting facility.
[] A TDO has been issued identifying Sentara RMH as the accepting facility and the MCU officer will execute the TDO paperwork and escort the individual to the accepting unit within Sentara RMH. (If this box is checked, signatures below represent notification to and acknowledgment from law enforcement agency that the MCU officer has served the TDO paperwork.)

Request made/TDO Issued:

_ __ / __ / _____   ____ : _____
Date   **Time**

_____ _____
Name of MCU Officer in Charge   Badge #

_____
Signature of MCU Officer in Charge

Transfer to Law Enforcement:

_ __ / __ / _____   ____ : _____
Date   **Time**

_____ _____ _____
Name of Law Enforcement Officer   Agency   Badge #

_____
Signature of Law Enforcement Officer