



State of Maryland – Department of Health and Mental Hygiene  
MENTAL HYGIENE ADMINISTRATION  
Catonsville, MD 21228

APPLICATION FOR INVOLUNTARY ADMISSION

This application for involuntary admission to a facility for the care or treatment of a mental disorder may be signed by any person who has a legitimate interest in the welfare of the individual (Health-General Article, §10-614, Annotated Code of Maryland). ***This application must be accompanied by the certificates of 2 physicians or a physician and a psychologist*** (Health-General Article, §10-615, Annotated Code of Maryland).

To the Administrative Head of: \_\_\_\_\_  
Name of Facility

I, \_\_\_\_\_, the undersigned applicant, have a  
legitimate interest in the welfare of: \_\_\_\_\_  
Name of Individual

and I hereby request that you admit the individual to your facility for the care or treatment of a mental disorder.

_____ Name of Applicant	_____ Signature of Applicant
_____ Home or Agency Address	_____ Relationship to Individual or Official Capacity
_____ Telephone Number	_____ Date

The services and programs of the Department of Health and Mental Hygiene are provided on a non-discriminatory basis and in compliance with Title VI of the Civil Rights Act of 1964. Any complaints regarding alleged discrimination may be filed in writing with the Director, Mental Hygiene Administration, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, MD 21228, and the Office of Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

Application for Involuntary Admission must be on this form (Health-General Article, §10-615(3))