

Case No. _____, Division _____

NOTICE OF CERTIFICATION AND CERTIFICATION FOR SHORT-TERM TREATMENT
(27-10-107, C.R.S. 1973)

DATE: 3-31-86

IN THE INTEREST OF

Respondent PATRICK A. RISSEN

The respondent is hereby notified that the following action has been taken pursuant to Section 27-10-107, C.R.S. 1973, as amended.

The respondent has been *detained for seventy-two hour evaluation under the provisions of Section 27-10-105, C.R.S. 1973, as amended.*
~~*evaluated under court order pursuant to Section 27-10-106, C.R.S. 1973, as amended.*~~

The respondent's condition has been analyzed and he has been found to be mentally ill, and, as a result of mental illness, *a danger to others or to himself.* ~~*gravely disabled.*~~

~~*The respondent has been advised of the availability of, but has not accepted, voluntary treatment.*~~ *The respondent has accepted voluntary treatment; however, reasonable grounds exist to believe (s)he will not remain in a voluntary program.*

Attached hereto is a statement from William L. Clapp, MD who is on the staff of St. Luke's Hospital (facility), setting forth the finding for short-term treatment under certification.

As a result of the finding of short-term treatment under certification the respondent is hereby certified to Colo. State Hospital Public facility for short-term treatment as of the date first above written and for a period not to exceed three months.

William L. Clapp, MD
Professional Person
658 BRANS ST.
Address and Telephone Number
DENVER, CO 80203

NOTICE TO RESPONDENT

You are advised that the law gives you a right to a hearing upon your certification you have the right of review by the court, of your treatment or that your treatment be on an out-patient basis. If you wish to take advantage of any of these rights, you should direct a written request to the PROBATE Court of ARAPAHOE County, specifying the type of hearing. You may make this request any time that this certification for short-term treatment is in effect.

*Sent to the respondent's residence if appropriate

INSTRUCTIONS ON USE

A copy of the certification within twenty-four hours, must be delivered personally to the respondent, a copy sent to the respondent's attorney, if any, and a copy sent to a person designated by respondent, if any, and the original certification, showing proper delivery and mailing, must be filed with the PROBATE Court of ARRAPAHOE County, in which county the respondent resided or was physically present immediately prior to being taken into custody. Said filing with the court must be within forty-eight hours, excluding Saturdays, Sundays, and Court Holidays, of the date of certification.

Respondent's Acceptance:

I, the respondent herein, received a copy of the within certification this _____ day of _____, 19____.

In the event the respondent will not sign, or cannot sign the above receipt then give the respondent a copy and acknowledge service as follows:

I, H. BARKKENTANC, personally handed to and delivered a true and correct copy of the within certification to the respondent, Patrick BISSER, this 31 day of MARCH, 1986.

H. BARKKENTANC
Signature

I hereby certify that I have sent this day by regular mail, post-are prepaid, true and correct copies of the within certification to each of the following persons at the addresses set opposite their respective names:

1. _____
Respondent's Attorney

Address

2. _____
Person designated by respondent

Address

Janice Gravo
Signature of person certifying to the mailing

Note: If an attorney has not already been appointed, Form M-19 must accompany the Certification submitted to the Court.

TO: Arapahoe County Probate Court
2069 W Littleton Blvd.
Littleton, Co 80120
797-5030

Notice of Transfer

Respondent's name: Patrick A. Rissen

Court No.: _____

Date: 3-31-86

The above named respondent who was certified for Psychiatric
treatment on 3-31-86 by William L. Clapp, MD
(date) (facility/professional person), has been transferred to Colo. State Hospital, Pueblo
for continuing treatment for the following reasons: The patient remains
angry and suicidal. He is threatening
to attempt suicide either "now"
or when he is released from the
hospital. A Arapahoe County M.H.C.
has arranged for the transfer.

William L. Clapp
Professional person in charge of treatment

Address: 659 Grant St.
DENVER, CO.
Telephone: 831-4375

- Distribution: Original to Court
Copies to: Respondent
Respondent's Attorney
Court
Receiving Facility