POLICY AND PROCEDURE NO.830

Emergency Mental Health Procedures			
Date Issued	Date Effective	Revision No.	No. of pages
October 7, 2011	October 24, 2011	3	11

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1. PURPOSE:

The purpose of this policy and procedure statement is to provide guidance to personnel of the Worcester Police Department as to the interaction with and proper handling of persons with mental illness and/or those experiencing emotional disturbances.

Mental Health experts estimate that 1 in 4 Americans have a diagnosable mental illness. Moreover, the populations that police tend to interact with most often; the homeless, substance abusers, those who engage in odd or criminal behavior, all tend to be overrepresented insofar as the incidence of mental illness. It is estimated that roughly 7% of all police contacts in urban settings involve a person believed to have a mental illness. Hence, it is necessary that specialized considerations and guidelines be promulgated to guide police response to incidents involving mentally ill citizens.

2. POLICY:

It is the policy of the Worcester Police Department to handle those who are mentally ill in the most constructive and humane manner possible in keeping with the law and while balancing the safety of the patient, the public and the police officer himself.

Dealing with individuals who are known or suspected to be mentally ill is always difficult as it carries the potential for violence, requires an officer to make difficult judgments about the mental state and intent of the individual, and requires the employment of special police skills and abilities needed to effectively and legally deal with the person so as to avoid unnecessary violence and potential civil litigation. Of major importance, is insuring that the patient be given access to professional mental health intervention and/or treatment.

Given the unpredictable and sometimes violent nature of the mentally ill, officers should take care to never compromise or jeopardize their safety or the safety of others when dealing with individuals displaying symptoms of mental illness.

As persons who are mentally ill can engage in conduct which may rise to the level of illegal activity, this presents the responding officer with evaluating and balancing the competing interests of public safety, law enforcement, and the facilitation of providing proper mental health care to the subject. Safety and harm reduction for all should be regarded as being of paramount importance and enforcement secondary. Though it is sometimes necessary to arrest a person who is mentally ill or an emotionally disturbed person (EDP), officer discretion comes into play in the best handling of these individuals.

3. LEGAL AUTHORITY TO INTERVENE:

Emergency Mental Health Situations:

Police officers are granted broad authority with these individuals pursuant to **MGL Ch. 123 § 12**.

> **MGL Chapter 123 § 12** *In an emergency situation, if a physician, qualified psychologist or qualified psychiatric nurse, or mental health clinical specialist is not available,* ***a police officer****, who believes that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness, may restrain such person and apply for the hospitalization of such person for a three day period at a public facility or a private facility authorized for such purpose by the Commonwealth's Department of Mental Health.*

4. DEFINITIONS:

Likelihood of Serious Harm: (*per MGL Chapter 123 § 1*), is defined as follows:

1. a substantial risk of physical harm to the person himself as manifested by evidence of, threats of, or attempts at, suicide or serious bodily harm; or

2. a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or
3. a **very** substantial risk of physical impairment or injury to the person himself as manifested by evidence that such person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community.

Mental Illness:
Pursuant to 104 CMR 27.05, subpart B,(1), for the purpose of involuntary commitment, mental illness is defined as a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but shall not include alcoholism or substance abuse which is defined in M.G.L. c. 123, § 35.

Restraint: (*per MGL Chapter 123 § 1*), is defined as follows:
Bodily physical force, mechanical devices, chemicals, confinement in a place of seclusion other than the placement of an inpatient or resident in his room for the night, or any other means which unreasonably limit freedom of movement.

5. INVOLUNTARY COMMITMENT UNDER MGL CH. 123 § 12: (*4 TYPES*):

A. Based upon a personal examination of a patient, a clinician prepares and issues a Section 12 commitment document (Sometimes referred to as a "pink paper" by mental health professionals. *Please be aware that the document may not be pink in color as it may have been scanned or faxed.*
B. In an emergency, where the EDP refuses examination, a clinician may still prepare and issue a Section 12 commitment document.
C. In the absence of a clinician and in an emergency, a **police officer**, based upon his interactions with a patient, my restrain and transport an emotionally disturbed person (EPD hereinafter) to a facility where that person demonstrates "a likelihood of serious harm" by reason of mental illness.
D. A judge may issue a warrant of apprehension for an EDP where the judge determines after hearing that the person poses "a likelihood of serious harm" by reason of mental illness.

DETENTION TYPES AND PROCEDURES:

Commitment Type A & B: Clinician-Initiated Involuntary Submission to EMH Services:

A. A qualified mental health clinician (physician, psychologist, psychiatric nurse, licensed independent clinical social worker) who, following a personal examination of a person, has reason to believe that failure to hospitalize the person would create a "likelihood of serious harm" by reason of mental illness, may restrain or authorize the restraint of such person and apply for the hospitalization of such person for a three-day period to a public or private facility authorized by the Department of Mental Health
B. If an examination is not possible because of the emergency nature of the case and because of the refusal of the person to consent to such examination, the qualified mental health clinician (physician, psychologist, psychiatric nurse, licensed independent clinical social worker) may, on the basis of the facts and circumstances determine that hospitalization is necessary and may

apply for the hospitalization of such person for a three-day period to a public or private facility authorized by the Department of Mental Health

PROCEDURE:

In cases where this department is notified that a qualified mental health clinician has executed an application for the hospitalization of such person for a three-day period to a public or private facility authorized by the Department of Mental Health (a/k/a "pink paper") for an individual that the clinician believes poses a "likelihood of serious harm", it is the policy of this department that police personnel assist in locating, accessing and transporting the person to a designated mental health facility pursuant to that Section 12 document.

The following procedure shall be employed:

1. It must be ascertained that the person signing the Section 12 document is a qualified mental health clinician (i.e. is legally authorized to issue such orders).
2. The Section 12 document must be examined by a police officer or brought to or transmitted (i.e. faxed) to police headquarters for examination.
3. The individual named in the document should be readily identifiable.
4. Police personnel should use all reasonable efforts to locate and insure that the Emotionally Disturbed Person (EDP) is transported to UMass Memorial EMH for examination.

Clinician-Issued Section 12: Entries into Homes to take EDP into Custody:
Any intrusion into a person's home or other place where that person has a reasonable expectation of privacy has Fourth Amendment implications which demand that police have an active warrant or an established warrant exception applies. The United States Court of Appeals for the First Circuit has ruled that *(McCabe v. Lifeline Ambulance & City of Lynn, 77 F.3d 540 (1996))* a residential search pursuant to a warrantless search procedure may be reasonable if conducted in furtherance of a "special need" which would be undermined systematically by impracticable warrant or probable cause requirements. For this "special need" exception to apply there must be legitimate and substantial governmental interest in conducting the search and it must appear that the burdens of complying with the warrant requirement are likely to defeat important governmental purposes that this procedure was designed to serve.

Where police have a valid Section 12 document issued by an appropriate clinician, and voluntary compliance on the part of the patient is unsuccessful or where seeking voluntary compliance is contraindicated in keeping with the objective of patient, police and public safety, police are authorized, pursuant to this policy, to execute entry into a home in order to locate and bring the patient to a mental health facility. In order for forcible entry and search to be permitted and for the "special need" exception to apply, it is necessary that police actions be reasonable in order to insure the accurate identification and prompt detention of recalcitrant and dangerous mentally ill persons who require immediate and temporary commitment and where compliance with warrant requirements would entail critical delays in safeguarding the mentally ill person and others. The authorization of a police official, when time permits, is necessary prior to forced entry into any residence for the purposes of locating a person demonstrating a likelihood of serious harm as a result of mental illness.

Commitment Type C: **Police-Initiated Section 12 Involuntary Submission to EMH Services:**

PROCEDURE:

In the absence of a clinician and in an emergency, a **police officer**, based upon his interactions with a patient, may restrain and transport an Emotionally Disturbed Person (EDP) to a facility where that person demonstrates "a likelihood of serious harm" as a result of mental illness. The Emergency Mental Health (EMH) unit at UMass Memorial Medical Center (Lake Campus) has been designated by the Department of Mental Health as the facility where Section 12 patients shall be transported.

The following procedure shall be employed:

A. A police officer's authority to take a person into custody pursuant to Section 12 must be in the context of an emergency and in the absence of a qualified mental health clinician (physician, psychologist, psychiatric nurse, licensed independent clinical social worker).
B. As such custody is generally considered a "seizure" in a Constitutional sense, officers are required to have a reasonable belief, under the circumstances, that the patient presented likely threat of serious mental harm to himself or other by reason of mental illness. In sum, this is probable cause (Ahern v. O'Donnell109 F.3d 809 (1997)).
C. The officer's decision whether the patient demonstrates a likelihood of serious harm should be based upon observations and interaction with the patient himself but may also be bolstered by reliable statements from others who have had contact with the patient; i.e. family, friends, associates.
D. If sufficient evidence is gathered that the person should be taken into custody pursuant to Section 12, the complete Section 12 documentation and processing should be executed rather than permitting the patient to be "voluntarily" submitted to professional mental health assistance. (The full Section 12 process permits EMH staff to keep the patient securely on their premises thereby preventing "walk aways".)
E. Search, restraint and transportation should be employed per this procedure statement. For full Section 12s, UMass Memorial Medical Center EMH is our only venue option.
F. It is necessary that the officer accompany the patient to the selected facility, escort the patient into the facility and brief the staff there as to the reason for this referral.
G. The Section 12 form (a/k/a "Pink Paper") must be completed in full. A copy should be retained by the officer for submission to the Records Bureau and a copy should be left with mental health staff at EMH.

Commitment Type D: **Judge-Issued Warrant of Apprehension:**
Any person may make application to a district court justice or a justice of the juvenile court department for a three day commitment to a facility of a mentally ill person whom the failure to confine would cause a likelihood of serious harm by reason of mental illness. Should sufficient evidence be offered at the hearing, a district court or juvenile court justice may issue a warrant for the apprehension demanding the appearance of the alleged mentally ill person before the court. Following apprehension, the court shall have the person examined by a physician designated to have the authority to admit to a facility or examined by a qualified psychologist. If the aforementioned physician or qualified psychologist reports that the failure to hospitalize the person would create a likelihood of serious harm by reason of mental illness, the court may order the person committed to a facility for a period not to exceed three days. *(Note: in non-emergent cases where the officer is of the belief that a complainant's concerns about a mentally ill or emotionally disturbed person do not rise to the level of*

"likelihood of serious harm", the complainant may be referred to the court to make application for the court hearing described above.)

PROCEDURE:

A court-issued warrant of apprehension is to be executed in the same manner as are all other arrest warrants. This notwithstanding, it must be understood that the basis of issuance of this warrant of apprehension is that sufficient evidence has been given to the court that the subject of the warrant allegedly suffers from a mental illness and has demonstrated a likelihood of serious harm. Accordingly, due diligence is required to locate, identify and apprehend the subject in a constructive and humane manner while insuring officer and public safety.

6. Voluntary Psychiatric Referral:

Often times police come into contact with, or are contacted by individuals who are experiencing emotional disturbance who request police assistance in obtaining professional mental health services. In other cases, police respond to incidents which with facts and circumstances surrounding a person's behavior, signal mental health issues but fall short of triggering an involuntary Section 12 commitment, yet the officer is of the opinion that the individual would benefit from some level of professional mental health intervention. These cases, which have become informally known as "Voluntary Sections 12s[1]", such patients should be referred and transported to one of the following facilities:

a. Community Healthlink (12 Queen St., entrance on Jacques Avenue) Contact Community Healthlink 12 Queen St. 1-866-549-2142 for the purpose of insuring that sufficient staff are on hand to accommodate the patient.
b. UMass Memorial EMH (Lake Ave.) if emergency medical treatment is required as well.
c. A private or public local mental healthcare provider of the patient's choosing, if the patient indicates they prefer a provider other than the two listed above. Contact the facility by telephone in advance, to insure that they are open and able to accept the patient.
d. In extenuating cases, Community Healthlink staff may respond to the location of the patient for immediate evaluation upon the request of a police officer. Contact: Community Healthlink 12 Queen St. 1-866-549-2142. An ETA should be obtained by the caller.

In these cases, it is necessary that the officer accompany the patient to the selected facility, escort the patient into the facility and brief the staff there as to the reason for this referral. Facility staff should be advised if the individual was in possession of any weapons, prescription or illegal drugs.

7. RESTRAINT, SEARCH & TRANSPORTATION:

Restraint:

Pursuant to MGL Ch. 123 § 21; *any person who transports a mentally ill person to or from a facility for any purpose authorized under Chapter 123 shall not use any restraint which is unnecessary for the*

[1] Please be aware that the term "Voluntary Section 12" is a misnomer and has no legal meaning. The term "Section 12" refers to a person being **involuntarily** taken into police custody for the purposes of mental evaluation where that person demonstrates a likelihood of serious harm as a result of mental illness. Where a police officer transports a person to a mental health facility for the purposes of being evaluated on a voluntary basis, this should be characterized as a mere referral.

safety of the person being transported or other persons likely to come in contact with him. Since a person who is taken into custody pursuant to a Section 12 has or is demonstrating a "likelihood of serious harm" as defined by Section 1 of Chapter 123, restraint during transport is virtually always warranted. In those rare and isolated cases where physical restraint is contraindicated, alternative methods such as close police guard must be used to insure the patient's safety and that of the others.

Cell Room Restraint:
When restraints are utilized on detained prisoners in the cell room, they should only be removed when there is assurance that the person will not harm him/herself. This assurance shall be determined by a Service Division Official who should make periodic checks on the person at intervals not to exceed one hour. (This is in addition to the ordinary 15 minute prisoner checks.) These prisoners must be in a monitored cell. Depending upon the person's demeanor and behavior it may be necessary to return him/her to Emergency Mental Health for further evaluation.

Search:
As the term "likelihood of serious harm", by fundamental definition involves a substantial risk of physical harm to the subject himself, others or that the subject has demonstrated substantive mental impairment, it is necessary that persons being taken into custody pursuant to Section 12 or on a voluntary referral basis be fully searched for weapons before transport in any form.

Transportation:
The subject of the Section 12 hospitalization document should be transported to Emergency Mental Health at the UMass Memorial Medical Center 55 North Lake Ave. Transportation to EMH should be via ambulance or police patrol wagon. Under extenuating circumstances, a police cruiser may be used to transport these patients but only after consultation with and upon the authorization of a police official. Seatbelts must also be used.

The police officer who made the observations and determination that mental health services were necessary must go to the facility and recount the pertinent information to the mental health personnel. If the person is not under arrest, custody will be assumed by mental health personnel after the police officer has completed the Section 12 form.

8. REPORTING:
Any time a police officer takes a person into custody pursuant to a police officer-issued Section 12, an incident report shall be prepared by the primary responding officer identifying the subject, time and place of custody, level and character of force used if necessary, and restraint and transport mode employed. A copy of the police officer-prepared Section 12 document ("pink paper") must be submitted to the records bureau.

In the case of voluntary psychiatric referral, an incident report shall be prepared by the primary responding officer identifying the subject, time and place of encounter, the psychiatric characteristics displayed by the subject and the destination of the referral made and travel mode employed to transport the subject to that destination.

9. CRIMES COMMITTED BY MENTALLY ILL / EMOTIONALLY DISTURBED PERSONS:

A. Pre-Arrest:
If a crime has been committed as a result of a person's mental unsoundness, the investigating police officer may determine that the crime is of such minor nature that it is more appropriate to seek treatment for the mental condition rather than criminal prosecution. When such determination is made the person should be transported to the appropriate mental health facility and not placed under arrest. Criminal complaints may be taken out where necessary. A copy of the executed Section 12 document should be submitted with the incident report.

When the crime is of a more serious nature or where an arrest is statutorily required and sufficient evidence is present, the officer should arrest. The person, at the time of arrest, may not fall within the definition of "Mental illness" and "Likelihood of serious harm". However, the court, if it deems necessary, may order a person accused of a crime examined under M.G.L. Ch. 123, sec. 15[2], to determine if the person is competent to stand trial and criminal responsibility. This process, however, should be initiated by the court.

B. Post-Arrest & Pre-Booking:
If a person has been placed under arrest and presents evidence that he/she is in need of emergency mental health services, he/she shall be taken to Emergency Mental Health (EMH) from either the location of arrest or from the cell room holding tank. *(It is preferable that arrested persons exhibiting mental health issues should be taken directly to Community Healthlink or EMH from the location of arrest as being placed in a cell has profoundly negative effects to such person's already fragile emotions.)* Prisoner guard shall be established in a manner identical to prisoners who are brought to a medical facility for other sickness or injury. The Service Division Official-in-Charge shall be notified of any such occurrence.

During the evaluation process mental health personnel may request to counsel or interview the prisoner privately. This request should be granted if safety and security conditions permit. The officer should remain nearby, (i.e. just outside the room) so as to be available if needed. The officer should also comply with reasonable requests regarding the removal of restraints, again keeping in mind safety and security conditions. The officer shall remain at the hospital until the evaluation of the arrested person is completed or until relieved by a police official.

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[2] Section 15. (a) Whenever a court of competent jurisdiction doubts whether a defendant in a criminal case is competent to stand trial or is criminally responsible by reason of mental illness or mental defect, it may at any stage of the proceedings after the return of an indictment or the issuance of a criminal complaint against the defendant, order an examination of such defendant to be conducted by one or more qualified physicians or one or more qualified psychologists. Whenever practicable, examinations shall be conducted at the court house or place of detention where the person is being held. When an examination is ordered, the court shall instruct the examining physician or psychologist in the law for determining mental competence to stand trial and criminal responsibility.

Mental health staff may determine that a person under arrest and being evaluated needs to be committed for further treatment. If so, the prisoner shall be booked in absentia and arrangements for bail, if possible, shall be initiated through the Service Division Official-in-Charge and the Clerk of the District Court. If bailed, the person remains under the care of the hospital and further police presence is not required. The person should not be bailed unless commitment is imminent so as to facilitate a cell room-based booking and identification process. In the event the prisoner is committed and cannot be bailed, the process outlined in the following section as to committed prisoners should be adhered to.

Unless being committed to a mental health facility the bailing process for the prisoner will be done in the usual manner at police headquarters once the prisoner is released from EMH. Upon the prisoner's return to the cell room, such prisoner shall be placed into a video monitored cell pending bail.

C. Post Arrest & Post Booking:

Where a person is arrested and thereafter detained in police lock-up prior to arraignment, but demonstrates, "Likelihood of Serious Harm" as defined by *MGL Chapter 123 § 1,* that prisoner shall be, transported to UMass Memorial EMH pursuant to a Section 12. Any prisoner who makes an attempt to harm himself shall be brought to UMass Memorial EMH pursuant to a Section 12. Prisoner guard shall be established in a manner identical to prisoners who are brought to a medical facility for other sickness or injury.

In cases where a prisoner detained in lockup articulates or behaves in a manner which raises suspicion that he may harm himself, but the statements or comments fall short of demonstrating a "Likelihood of Serious Harm" that prisoner should be placed into a monitored cell where he can be observed continuously and Community Healthlink Emergency Services shall be contacted to evaluate the prisoner while in custody at the cell room. If Community Healthlink personnel can respond promptly to the cell room, the prisoner shall be interviewed by the evaluator according to the following procedure. *(In the event Community Healthlink's staffing cannot facilitate a cell room visit or the ETA exceeds one hour, the prisoner shall be transported to UMass EMH for evaluation.)*

a) Contact: Community Healthlink 12 Queen St., **1-866-549-2142**. An ETA should be obtained by the caller.
b) The Community Healthlink evaluator shall present identification to the cell room supervisor in charge prior to escort to the cell room.
c) The Community Healthlink evaluator shall have no in-person contact with the prisoner and instead utilize the screen-partitioned interview room.
d) The Community Healthlink evaluator may not have any weapons in his possession during the course of this interview.
e) Service division personnel shall maintain close guard of the prisoner during interview.
f) Handcuffs shall be worn at all times by the prisoner during interview.
g) The Community Healthlink evaluator shall be advised of the prisoner's Section 12 history if any as well as the prisoner's charges and prospects for bail.
h) If, after evaluation, the Community Healthlink evaluator believes that the prisoner represents a "likelihood of serious harm", that prisoner shall be transported to UMass Memorial EMH pursuant to the evaluator's Section 12.
i) If the Community Healthlink evaluator is satisfied that the prisoner does not represent a "likelihood of serious harm", the prisoner shall be returned to a monitored cell pending bail. Reasonable recommendations made by the Community Healthlink evaluator shall be observed.

Where a prisoner is transported to EMH pursuant to a Section 12 by either police or Community Healthlink staff and EMH personnel elect to commit the prisoner to extended inpatient evaluation, the following procedures shall be observed:

1. There should be a probable cause determination, as required by Jenkins (Jenkins v, Chief Justice of the District Court Department, et. al., 416 Mass. 221 (1993), Trial Court Rule XI and Administrative Order 94-5.
2. The EMH emergency team will locate an appropriate locked inpatient placement and have an inpatient bed held for the detainee. A recommendation for hospitalization of the detainee should be prepared with the findings.
3. Once an inpatient bed has been located, the judicial response system judge on call should be contacted by police. The police should provide the judge with the following information:
   - the current charges on which the detainee is being held;
   - the current condition of the detainee, including the recommendations and findings of the DMH emergency team (the evaluating clinician should be available to speak with the judge if requested) ;
   - Listing of any defaults or warrants that the detainee has outstanding.
   - Any other pertinent information.
4. The on call judge, who has been designated the authority to act on behalf of any court of the Commonwealth, after conferring with police and with the evaluating clinician, may issue an order committing the detainee to a specified, locked inpatient facility pursuant to M.G.L,, c. 123 § 12(e). The order shall include the following provision:

   On _____(date), the Superintendent of the facility shall return custody of the detainee to the police department that made the arrest, and said police shall appear at the facility at 9:00 AM on said date to receive the detainee into their custody. Release at any time of the detainee from the inpatient psychiatric facility on the above date, or any other date, shall be made ONLY to the custody of the police.

5. On the designated court day, the detainee will be returned to court by the police, at which time he/she will be arraigned and the court will address any outstanding charges and/or warrants. If, following evaluation, Emergency Mental Health staff determines that commitment is not necessary the prisoner will be transported back to the cell room. Any special instructions about the person by Mental Health personnel should be forwarded to the Service Division Official-in-Charge and so recorded on the Journal. Once returned to the cell room all precautions should be taken to ensure the person's safety.

10. "Q5" SUICIDE ATTEMPTS OR THREATS NOTIFICATION:

Pursuant to MGL Chapter 40 § 36A;

Whenever a person in police custody attempts or threatens suicide at a lockup facility, the officer in charge of the lockup shall, within twenty-four hours of such incident, record in the department of criminal justice information services computer the name, address, and the age of such person, the charge or reason for such detention and the nature and date of said attempt or threat. Such information

shall be made part of the criminal offender record information system. It shall be disseminated only to those agencies and offices authorized under section one hundred and seventy-two of chapter six.

Whenever a person in police custody attempts or threatens suicide at a lockup facility and said person is transferred to another lockup facility, the officer in charge shall notify in writing the receiving lockup facility of the exact nature of said attempt or threat.

11. IMMUNITY:

Pursuant to MGL Chapter 123 § 22. Physicians, qualified psychologists, qualified psychiatric nurse mental health clinical specialists and police officers shall be immune from civil suits for damages for restraining, transporting, applying for the admission of or admitting any person to a facility or the Bridgewater State Hospital, if the physician, qualified psychologist, qualified psychiatric nurse mental health clinical specialist or police officer acts pursuant to this chapter. No state statute can give immunity from a federal civil rights claim. In most cases, however, a federal civil rights claim would have to show recklessness or maliciousness on the part of the physician or police officer. The more carefully the physician or officer follows the provisions of Chapter 123, therefore, the less likely he or she will be exposed to serious liability in a civil rights action. This statue will fully protect officers when they act lawfully and in good faith when dealing with person with mental health issues. It will not protect officers that act unreasonably.

12. MISSING / ESCAPED PATIENTS:

Chapter 123: Section 30. Unauthorized absence of patients; notification of police, et al.; return:

Pursuant to MGL Chapter § 30, if a patient or resident in a facility of the department is absent without authorization the superintendent of the facility shall notify the state and local police, the district attorney of the county wherein the facility is located and the next of kin of such patient or resident. Any patient or resident in a facility of the department who is absent for less than six months without authorization consistent with the provisions of this chapter, the regulations of the department, or the rules of said facility may be returned by a police officer or other person designated by the superintendent or the director. Said six month limitation shall not apply to persons who have been found not guilty of a criminal charge by reason of insanity nor to persons who have been found incompetent to stand trial on a criminal charge.

Per:

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GJG/ejm

WPD P&P #830 Originally Issued: MARCH 11, 1992

WPD P&P #830 Re-Issued: JANUARY 7, 1997

WPD P&P #830 Re-Issued: OCTOBER 07, 2011