

FORM MHCA 22

DEPARTMENT OF HEALTH

**HANDING OVER CUSTODY BY THE SOUTH AFRICAN POLICE SERVICES (SAPS) OF A PERSON SUSPECTED OF BEING MENTALLY ILL AND LIKELY TO INFLICT SERIOUS HARM TO HIM/HERSELF OR OTHERS
[Section 40(1) of the Act]**

A.I.....

(print rank, initials and surname of member of SAPS)

have reason to believe from personal observation

or from information obtained from a mental health care practitioner

that

.....
.....
.....

(User's name or description if no name is available)

is suffering from a mental illness and is likely to inflict serious harm to him/herself or others.

I have apprehended the person and have brought him / her to

.....

(name of health establishment)

for assessment by a mental health care practitioner.

Name and address of next of kin (where possible)

.....
.....
.....

I hereby hand over custody of the said person to the head of the health establishment or his / her designate.

Signature:Force No.....

(Member of SAPS)

Date:

Time:

Place:

B.I.....

... (Name of head of health establishment or designated person)

accept custody of

(Name of User or description if no name is available)

at the
(Name of health establishment)

The User's physical condition is as follows (describe any bruises, lacerations etc):
.....
.....
.....
.....

The mental status of the person will be assessed and an application will be made in terms of section 33 if applicable

Signature:
(Head of health establishment or designated person)

Date:
Time:
Place:

[Copy to be sent to SAPS to confirm in writing the physical condition as stated above during handing over of custody]

C. The SAPS hereby confirms that the physical condition as stated above was present during the handing over the User in terms of section 40(1) of the Act.

Print initials and surname:
Signature:
(Member of SAPS who handed over custody)

Date:
Place:

[Copy to Review Board]