

**DISTRICT OF COLUMBIA**  
**OFFICIAL CODE**

**TITLE 21.**  
**FIDUCIARY RELATIONS AND PERSONS**  
**WITH MENTAL ILLNESS.**

**CHAPTER 5.**  
**HOSPITALIZATION OF PERSONS WITH MENTAL**  
**ILLNESS.**

**2001 Edition**

# DISTRICT OF COLUMBIA OFFICIAL CODE

## CHAPTER 5. HOSPITALIZATION OF PERSONS WITH MENTAL ILLNESS.

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### TABLE OF CONTENTS

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#### Subchapter I. Definitions; Commission on Mental Health.

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- § 21-501. Definitions.
- § 21-501.01. Qualified psychologists.
- § 21-502. Commission on Mental Health; composition; appointment and terms of members; organization; chairperson; salaries.
- § 21-503. Examinations and hearings; subpoenas; witnesses; place.

#### Subchapter II. Voluntary and Nonprotesting Hospitalization.

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- § 21-511. Voluntary hospitalization and treatment.
- § 21-512. Release of voluntary patients.
- § 21-513. Hospitalization of nonprotesting persons.
- § 21-514. Release of patients hospitalized under section 21-513.

#### Subchapter III. Emergency Hospitalization.

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- § 21-521. Detention of persons believed to be mentally ill; transportation and application to hospital.
- § 21-522. Examination and admission to hospital; notice.
- § 21-523. Court order requirement for hospital detention beyond 48 hours; maximum period for observation.
- § 21-524. Determination and order of court.
- § 21-525. Hearing by court.
- § 21-526. Extension of maximum periods of time.
- § 21-527. Examination and release of person; notice.
- § 21-528. Detention of person pending judicial proceedings.

#### Subchapter IV. Commitment Under Court Order.

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- § 21-541. Petition to Commission; copy to person affected.
- § 21-542. Hearing by Commission; presence and rights of person affected; hearing regarding liability.
- § 21-543. Representation by counsel; compensation; recess.
- § 21-544. Determinations of Commission; report to court; copy to person affected; right to jury trial.
- § 21-545. Hearing and determination by court or jury; order; witnesses; jurors.
- § 21-545.01. Renewal of commitment status by commission; review by Court.
- § 21-546. Periodic examinations of committed patients; procedure for examination and detention or release; petition to court.
- § 21-547. Judicial determination of petition filed under section 21-546; order; psychiatrists and qualified psychologists as witnesses.
- § 21-548. Request for revocation of outpatient status; confinement pending decision on revocation of outpatient status; hearing on outpatient revocation petition.
- § 21-549. Preservation of other rights to release.
- § 21-550. Surety.
- § 21-551. Nonresidents.

## **Subchapter V. Right to Communication; Exercise of Other Rights.**

---

- § 21-561. Mail privileges; censored mail; return to sender; visiting hours.
- § 21-562. Medical and psychiatric care and treatment; records.
- § 21-563. Use of restraints or seclusion; record of use.
- § 21-564. Exercise of property and other rights; notice of inability; persons hospitalized prior to September 15, 1964.
- § 21-565. Statement of release and adjudication procedures and of other rights.

## **Subchapter VI. Miscellaneous Provisions.**

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- § 21-581. Proceedings instituted by Mayor of the District of Columbia.
- § 21-582. Petitions, applications, or certificates of physicians or qualified psychologists.
- § 21-583. Physicians, psychiatrists and qualified psychologists as witnesses.
- § 21-584. Witness fees.
- § 21-585. Confinement in jail prohibited.
- § 21-586. Financial responsibility for care of hospitalized persons; judicial enforcement.
- § 21-587. Veterans' Administration and military hospital facilities.
- § 21-588. Forms.
- § 21-589. Persons hospitalized prior to September 15, 1964.
- § 21-589.01. Interim provisions for term of commitment.
- § 21-590. Discharge as cured; restoration to legal status.[Repealed]
- § 21-591. Offenses and penalties.
- § 21-592. Return to hospital of an escaped mentally ill person.

# **CHAPTER 5. HOSPITALIZATION OF PERSONS WITH MENTAL ILLNESS.**

## **SUBCHAPTER I. DEFINITIONS; COMMISSION ON MENTAL HEALTH.**

### **§ 21-501. DEFINITIONS.**

As used in the chapter:

- (1) "Administrator" means a person in charge of a public or private hospital or his delegate;
- (1A) "Chief clinical officer" means the psychiatrist or qualified psychologist for the Department who is responsible for coordinating the treatment of persons receiving mental health supports or mental health services from the Department;
- (2) "Chief of service" means the physician or qualified psychologist charged with overall responsibility for the professional program of care and treatment in the particular administrative unit of the hospital to which the patient has been admitted or such other member of the medical staff as the chief of service designates;
- (3) "Commission" means the Commission on Mental Health;
- (3A) "Core services agency" means a community-based provider of mental health services and mental health supports that is certified by the Department and that acts as a clinical home for consumers of mental health services by providing a single point of access and accountability for diagnostic assessment, medication-somatic treatment, counseling and psychotherapy, community support services, and access to other needed services;
- (4) "Court" means the Superior Court of the District of Columbia;
- (4A) "Department" means the Department of Mental Health;
- (4A-i) "Domestic partner" shall have the same meaning as provided in § 32- 701(3).
- (4B) "Mental health services" means the services funded or regulated by the Department for the purpose of addressing mental illness or mental health problems;
- (4C) "Mental health supports" means the supports funded or regulated by the Department for the purpose of addressing mental illness or mental health problems;
- (5) "Mental illness" means a psychosis or other disease which substantially impairs the mental health of a person;
- (6) Repealed.
- (7) "Physician" means a person licensed under the laws of the District of Columbia to practice medicine, or a person who practices medicine in the employment of the Government of the United States or of the District of Columbia;
- (8) "Private hospital" means a nongovernmental hospital or institution, or part thereof, in the District of Columbia, equipped and qualified to provide inpatient care and treatment for a person with a physical or mental illness;
- (8A) "Provider" means an individual or entity that:
  - (A) Is duly licensed or certified by the Department to provide mental health services or mental health supports; or
  - (B) Has entered into an agreement with the Department to provide mental health services or mental health supports;
- (8B) "Psychiatrist" means a physician who is licensed to practice medicine in the District of Columbia, or is employed by the federal government, and has completed a residency in psychiatry;

(9) "Public hospital" means a hospital or institution, or part thereof, in the District of Columbia, owned and operated by the Government of the United States or of the District of Columbia, equipped and qualified to provide inpatient care and treatment for persons with physical or mental illness;

(9A) "Qualified physician" means a person licensed under the laws of the District of Columbia to practice medicine who is board-certified in emergency medicine and certified by the Department to examine persons and prepare admission certificates pursuant to section 21-522; and

(10) "Qualified psychologist" means a person who is licensed pursuant to section 501 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.01), and has (1) one year of formal training within a hospital setting; or (2) two years of supervised clinical experience in an organized health care setting, one of which must be post-doctoral.

(Sept. 14, 1965, 79 Stat. 751, Pub. L. 89-183, § 1, July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(1); Feb. 24, 1984, D.C. Law 5-48, § 11(a)(4), (b), 30 DCR 5778; Apr. 30, 1988, D.C. Law 7-104, § 6(c), 35 DCR 147; Apr. 9, 1997, D.C. Law 11-255, § 20(b), 44 DCR 1271; Apr. 4, 2003, D.C. Law 14-283, § 2(b), 50 DCR 917; Apr. 24, 2007, D.C. Law 16-305, § 35(a)(1), 53 DCR 6198; Sept. 12, 2008, D.C. Law 17-231, § 22(a), 55 DCR 6758; Sept. 26, 2012, D.C. Law 19-169, § 21(c)(2), 59 DCR 5567.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-501.

1973 Ed., § 21-501.

##### *Effect of Amendments*

D.C. Law 14-283 added pars. (1A), (3A), (4A), (4B), (4C), (8A), (8B), and (9A); and repealed par. (6) which had read as follows:

"(6) 'Mentally ill person' means a person who has a mental illness, but does not include a person committed to a private or public hospital in the District of Columbia by order of the court in a criminal proceeding;"

D.C. Law 16-305, in par. (8), substituted "with" for "suffering from".

D.C. Law 17-231 added par. (4A-i).

D.C. Law 19-169, in par. (9), substituted "with" for "suffering from".

##### *Temporary Amendments of Section*

Section 2(b)(1) of D.C. Law 14-131 added pars. (1A), (3A), (4A), (4B), (4C), (8A), (8B), and (9A) to read as follows:

"(1A) 'Chief clinical officer' means the psychiatrist or qualified psychologist for the Department who is responsible for coordinating the treatment of persons receiving mental health supports or mental health services from the Department;"

"(3A) 'Core services agency' means a community-based provider of mental health services and mental health supports that is certified by the Department and that acts as a clinical home for consumers of mental health services by providing a single point of access and accountability for diagnostic assessment, medication-somatic treatment, counseling and psychotherapy, community support services, and access to other needed services;"

"(4A) 'Department' means the Department of Mental Health;

"(4B) 'Mental health services' means the services funded or regulated by the Department for the purpose of addressing mental illness or mental health problems;

"(4C) 'Mental health supports' means the supports funded or regulated by the Department for the purpose of addressing mental illness or mental health problems;"

"(8A) 'Provider' means an individual or entity that:

"(A) Is duly licensed or certified by the Department to provide mental health services or mental health supports; or

"(B) Has entered into an agreement with the Department to provide mental health services or mental health supports;

"(8B) 'Psychiatrist' means a physician who is licensed to practice medicine in the District of Columbia and has completed a residency in psychiatry; and"

"(9A) 'Qualified physician' means a person licensed under the laws of the District of Columbia to practice medicine who is board-certified in emergency medicine and certified by the Department to examine persons and prepare admission certificates pursuant to section 21-522."

Section 2(b)(2) of D.C. Law 14-131 repealed par. (6).

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

Law 5-48, the "Health-Care and Community Residence Facility Hospice and Home Care Licensure Act of 1983," was introduced in Council and assigned Bill No. 5- 166, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on September 20, 1983, and October 4, 1983, respectively. Signed by the Mayor on October 28, 1983, it was assigned Act No. 5-74 and transmitted to both Houses of Congress for its review.

Law 7-104, the "Technical Amendments Act of 1987," was introduced in Council and assigned Bill No. 7-346, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 24, 1987, and December 8, 1987, respectively. Signed by the Mayor on December 22, 1987, it was assigned Act No. 7-124 and transmitted to both Houses of Congress for its review.

Law 11-255, the "Second Technical Amendments Act of 1996," was introduced in Council and assigned Bill No. 11-905, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 7, 1996, and December 3, 1996, respectively. Signed by the Mayor on December 24, 1996, it was assigned Act No. 11-519 and transmitted to both Houses of Congress for its review. D.C. Law 11-255 became effective on April 9, 1997.

Law 14-131, the "Mental Health Commitment Temporary Act of 2002", was introduced in Council and assigned Bill No. 14-502, which was retained by council. The Bill was adopted on first and second readings on January 8, 2002, and February 5, 2002, respectively. Signed by the Mayor on February 25, 2002, it was assigned Act No. 14-292 and transmitted to both Houses of Congress for its review. D.C. Law 14-131 became effective on May 2, 2002.

Law 14-283, the "Mental Health Civil Commitment Act of 2002", was introduced in Council and assigned Bill No. 14-605, which was referred to Committee on Human Services. The Bill was adopted on first and second readings on December 3, 2002, and December 17, 2002, respectively. Signed by the Mayor on January 22, 2003, it was assigned Act No. 14-617 and transmitted to both Houses of Congress for its review. D.C. Law 14-283 became effective on April 4, 2003.

Law 16-305, the "People First Respectful Language Modernization Act of 2006", was introduced in Council and assigned Bill No. 16-664, which was referred to Committee on the Whole. The Bill was adopted on first and second readings on June 20, 2006, and July 11, 2006, respectively. Signed by the Mayor on July 17, 2006, it was assigned Act No. 16-437 and transmitted to both Houses of Congress for its review. D.C. Law 16-305 became effective on April 24, 2007.

Law 17-231, the "Omnibus Domestic Partnership Equality Amendment Act of 2008", was introduced in Council and assigned Bill No. 17-135, which was referred to the Committee on Public Safety and the Judiciary. The Bill was adopted on first and second readings on April 1, 2008, and May 6, 2008, respectively. Signed by the Mayor on June 6, 2008, it was assigned Act No. 17-403 and transmitted to both Houses of Congress for its review. D.C. Law 17-231 became effective on September 12, 2008.

Law 19-169, the "People First Respectful Language Modernization Amendment Act of 2012", was introduced in Council and assigned Bill No. 19-189, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on March 6, 2012, and April 17, 2012, respectively. Signed by the Mayor on May 15, 2012, it was assigned Act No. 19-361 and transmitted to both Houses of Congress for its review. D.C. Law 19-169 became effective on September 26, 2012.

## **§ 21-501.01. QUALIFIED PSYCHOLOGISTS.**

(a) Qualified psychologists are subject to the restrictions and qualifications for practice contained in the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 et seq.).

(b) Whenever a qualified psychologist has the responsibility for the voluntary, nonprotesting, emergency, or court-ordered admission or hospitalization of a person who is mentally ill, that qualified psychologist or the provider shall, prior to or at the time of admission or commitment, identify a psychiatrist or other

appropriate physician who shall be responsible for the medical evaluation and medical management of the person who is mentally ill during the period in which the person is receiving treatment from that provider. The qualified psychologist may be responsible for all other evaluation and management of the mental health services or mental health services or supports for the person who is mentally ill.

(Feb. 24, 1984, D.C. Law 5-48, § 11(c), 30 DCR 5778; Apr. 30, 1988, D.C. Law 7-104, § 6(d), 35 DCR 147; Apr. 4, 2003, D.C. Law 14-283, § 2(c), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-501.1.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote subsec. (b) which had read as follows:

"(b) Whenever a qualified psychologist may have the responsibility for the voluntary, nonprotesting, emergency, or court-ordered hospitalization of a mentally ill patient, that qualified psychologist or the hospital shall, prior to or at the time of hospital admission, identify a psychiatrist or other appropriate physician with admitting privileges at the hospital who shall be responsible for the medical evaluation and medical management of the patient for the duration of the patient's hospitalization. The qualified psychologist shall be responsible for all other evaluation and management of the patient.

##### *Temporary Amendments of Section*

Section 2(c) of D.C. Law 14-131 amended subsec. (b) to read as follows:

"(b) Whenever a qualified psychologist may have the responsibility for the voluntary, nonprotesting, emergency, or court-ordered admission or hospitalization of a person who is mentally ill, that qualified psychologist or the provider shall, prior to or at the time of admission or commitment, identify a psychiatrist or other appropriate physician who shall be responsible for the medical evaluation and medical management of the person who is mentally ill during the period in which the person is receiving treatment from that provider. The qualified psychologist shall be responsible for all other evaluation and management of the mental health services or mental health supports for the person who is mentally ill."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

##### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(c) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(c) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(c) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(c) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

##### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For legislative history of D.C. Law 7-104, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

##### *Miscellaneous Notes*

Section 33(b) of D.C. Law 15-354 provides that the section designation of § 21-501.1 of the District of Columbia Official Code is redesignated as § 21- 501.01.

## **§ 21-502. COMMISSION ON MENTAL HEALTH; COMPOSITION; APPOINTMENT AND TERMS OF MEMBERS; ORGANIZATION; CHAIRPERSON; SALARIES.**

(a) The Commission on Mental Health is continued. The Chief Judge of the Superior Court of the District of Columbia shall appoint the members of the Commission, and the Commission shall be composed of 9 members and an alternate chairperson. One member shall be a magistrate judge of the Court appointed pursuant to title 11, District of Columbia Official Code, who shall be a member of the bar of the Court and has engaged in active practice of law in the District of Columbia for a period of at least 5 years prior to his

or her appointment. The magistrate judge shall be the Chairperson of the Commission and act as the administrative head of the Commission. The Chairperson shall preside at all hearings and direct all of the proceedings before the Commission. Eight members of the Commission shall be psychiatrists or qualified psychologists, as those terms are defined in section 21-501, who have not had less than 5 years of experience in the diagnosis and treatment of mental illness.

(b)(1) Appointment of members of the Commission shall be for terms of 4 years.

(2) The initial appointment of a psychiatrist or a qualified psychologist shall be for a probationary period of one year. After the initial one-year probationary appointment, subsequent appointments of the psychiatrist or qualified psychologist shall be for terms of 4 years.

(c) The psychiatrist or qualified psychologist members of the Commission shall serve on a part-time basis and shall be rotated by assignment of the Chief Judge of the Court, so that at any one time the Commission shall consist of the Chairperson and 2 members, each of whom is either a psychiatrist or a qualified psychologist. Members of the Commission who are psychiatrists or qualified psychologists may practice their professions during their tenures of office, but may not participate in the disposition of a case of a person in which they have rendered professional service or advice.

(d) The Chief Judge of the Court shall appoint a magistrate judge of the Court to serve as an alternate Chairperson of the Commission. The alternate Chairperson shall serve on a part time basis and act as Chairperson in the absence of the permanent Chairperson.

(e) The rate of compensation for the members of the Commission who are psychiatrists or qualified psychologists shall be fixed by the Executive Officer of the Court.

(Sept. 14, 1965, 79 Stat. 751, Pub. L. 89-183, § 1; July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(1); Oct. 30, 1986, Pub. L. 99- 591, title I, § 154, 100 Stat. 3341-356; Apr. 4, 2003 (Dec. 10, 2004), D.C. Law 14-283, § 2(d), 50 DCR 917; Dec. 10, 2004, 118 Stat. 3472, Pub. L. 108-450, § 2(a).)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-502.

1973 Ed., § 21-502.

##### *Effect of Amendments*

Pub. L. 99-591, in subsec. (a), rewrote the last sentence which read: "Eight members of the Commission shall be physicians who have been practicing medicine in the District of Columbia and who have had not less than five years' experience in the diagnosis and treatment of mental illnesses."; and rewrote subsec. (c) which had read:

"(c) The physician-members of the Commission shall serve on a part-time basis and shall be rotated by assignment of the Chief Judge of the court, so that at any one time the Commission shall consist of the Chairman and two physician-members. Physician-members of the Commission may practice their profession during their tenure of office, but may not participate in the disposition of the case of a person in which they have rendered professional service or advice."

Pub. L. 108-450 rewrote the section which had read as follows:

"(a) The Commission on Mental Health is continued. The Superior Court of the District of Columbia shall appoint the members of the Commission, and the Commission shall be composed of nine members. One member shall be a member of the bar of the court, who has engaged in active practice of law in the District of Columbia for a period of at least five years prior to his appointment. He shall be the Chairman of the Commission and act as the administrative head of the Commission and its staff. He shall preside at all hearings and direct all of the proceedings before the Commission. He shall devote his entire time to the work of the Commission. Eight members of the Commission shall be health care professionals who are psychiatrists, or doctoral level psychologists, practicing in the District of Columbia who have had not less than five years' experience in the treatment of mental illnesses.

"(b) Appointment of members of the Commission shall be for terms of four years each, which shall be staggered as provided by section 2 of the Act approved June 8, 1938 (chapter 326, 52 Stat. 625), under which, except for the original four-year term of the lawyer-member, staggered terms of one year for two members, two years for two members, three years for two members, and four years for two members, were made.

"(c) Members of the Commission who are health care professionals shall serve on a part-time basis and shall be rotated by assignment of the Chief Judge of the court, so that at any one time the Commission shall consist of the chairman and two members who are health care professionals. Members of the Commission who are health care professionals may practice their profession during their tenure of office, but may not participate in the disposition of a case in which they have rendered professional service or advice.

"(d) The court shall also appoint an alternate lawyer-member of the Commission who shall have the same qualifications as the lawyer-member of the Commission and who shall serve on a part-time basis and act as



Chairman in the absence of the permanent Chairman.

"(e) The salaries of the members of the Commission and its employees shall be fixed in accordance with the provisions of the Classification Act of 1949, as amended. The alternate Chairman shall be paid on a per diem basis at the same rate of compensation as fixed for the permanent Chairman."

*Temporary Amendments of Section*

Section 2(d) of D.C. Law 14-131, in subsec. (a), in the last sentence, inserted "or qualified psychologists" after "Eight members of the Commission shall be physicians"; in subsec. (c), in the first sentence, substituted "The physician-members and psychologist-members" for "The physician-members", and substituted "2 members, each of whom is either a physician or a qualified psychologist" for "two physician-members", and in the last sentence, substituted "Physician-members and psychologist-members" for "Physician-members".

Section 4 of D.C. Law 14-131 provides:

"Sec. 4. Applicability.

"Section 2(d), (k)(2), (m), (q)(3) and (4), (s), and (t) shall apply upon the enactment of legislation by the United States Congress that states the following:

"Notwithstanding any other law, section 2(d), (k)(2), (q)(3) and (4), (s), and (t) of the Mental Health Commitment Temporary Act of 2002, adopted by the Council of the District of Columbia, is enacted into law."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) addition of applicability provision for § 2(d), (k)(2), (m), (q)(3) and (4), (s), and (t) of D.C. Act 14-265, see § 4 of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(d) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(d) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section applicable upon enactment of certain legislation by the United States Congress, see §§ 2(d) and 3 of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see §§ 2(d) and (3) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

*References in Text*

The Classification Act of 1949, as amended, referred to in the first sentence in subsection (e) of this section, was repealed by the Act of September 6, 1966, 80 Stat. 632, Pub. L. 89-554, § 8(a).

*Miscellaneous Notes*

Governing Body of the Commission on Mental Health Services established: See Mayor's Order 88-168, July 13, 1988.

Section 2(c) of Pub. L. 108-450, 118 Stat. 3472, the District of Columbia Mental Health Civil Commitment Modernization Act of 2004, provides:

"(c) Effective date; Transition for current members. -- The amendments made by this section shall take effect on the date of the enactment of this Act, except nothing in this section or the amendments made by this section may be construed to affect the appointment or term of service of any individual who serves as a member or alternate member of the Commission on Mental Health (including an individual who serves as the Chairperson or alternate Chairperson of the Commission) on such date."

Applicability of §§ 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) of Law 14-283: Section 3 of Law 14-283 provided that section 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) shall apply upon the enactment of legislation by the United States Congress that states the following: "Notwithstanding any other law, section 2(d), (e), (l)(2), (r)(3) and (4), (t), and (u) of the Mental Health Civil Commitment Act of 2002, adopted by the Council of the District of Columbia, is enacted into law."

## **§ 21-503. EXAMINATIONS AND HEARINGS; SUBPOENAS; WITNESSES; PLACE.**

(a) The Commission shall examine alleged mentally ill persons, inquire into their affairs and the affairs of

persons who may be legally liable for their support, and make reports and recommendations to the court.

(b) Except as otherwise provided by this chapter, the Commission may conduct its examinations and hearings either at the courthouse or elsewhere at its discretion. The court may issue subpoenas at the request of the Commission returnable before the Commission, for the appearance of the alleged mentally ill person, witnesses, and persons who may be liable for his support. Commission members who are psychiatrists or qualified psychologists, are competent and compellable witnesses at any trial, hearing or other proceeding conducted pursuant to this chapter and the physician- or psychologist-patient privilege is not applicable.

(Sept. 14, 1965, 79 Stat. 752, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(5), 30 DCR 5778; Apr. 30, 1988, D.C. Law 7-104, § 6(e), 35 DCR 147; Apr. 4, 2003 (Dec. 10, 2004), D.C. Law 14-283, § 2(e), 50 DCR 917; Dec. 10, 2004, 118 Stat. 3473, Pub. L. 108-450, § 3.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-503.

1973 Ed., § 21-503.

##### *Effect of Amendments*

Pub. L. 108-450, in subsec. (b), substituted "Commission members who are psychiatrists or qualified psychologists" for "The Commission, or any of the members thereof,"

##### *Emergency Act Amendments*

For temporary (90 day) amendment of section applicable upon enactment of certain legislation by the United States Congress, see §§ 2(e) and 3 of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(e) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

##### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For legislative history of D.C. Law 7-104, see Historical and Statutory Notes following § 21-501.

##### *Miscellaneous Notes*

Applicability of §§ 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) of Law 14-283: Section 3 of Law 14-283 provided that section 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) shall apply upon the enactment of legislation by the United States Congress that states the following: "Notwithstanding any other law, section 2(d), (e), (l)(2), (r)(3) and (4), (t), and (u) of the Mental Health Civil Commitment Act of 2002, adopted by the Council of the District of Columbia, is enacted into law."

## **SUBCHAPTER II. VOLUNTARY AND NONPROTESTING HOSPITALIZATION.**

### **§ 21-511. VOLUNTARY HOSPITALIZATION AND TREATMENT.**

(a) A person may apply to a public or private hospital, the Department, or any mental health provider in the District of Columbia to become a voluntary patient for the purposes of observation, diagnosis, and care and treatment of a mental illness. Upon the request of a person 18 years of age or over, or, in the case of a person under 18 years of age, of the person's spouse, parent, or legal guardian, the administrator of the public hospital to which application is made shall, or the administrator of a private hospital to which application is made may, admit the person as a voluntary patient to the hospital for the purposes described in this section, in accordance with this chapter, if an examination by an admitting psychiatrist or an admitting qualified psychologist reveals the need for hospitalization.

(b) If an examination reveals that the person requesting admission is not in need of hospitalization but is in need of outpatient treatment, the administrator of the hospital to which the application was made, or his designee, shall facilitate the admission of the person for voluntary outpatient treatment to the Department, a core services agency, or another provider. A person who is under 18 years of age may, consistent with the provisions of the Mental Health Service Delivery Reform Act of 2001, effective December 18, 2001 (D.C. Law 14-56; D.C. Official Code § 7-1131.01 *et seq.*), seek and consent to outpatient mental health services and mental health supports.

(Sept. 14, 1965, 79 Stat. 752, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(6), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(f), 50 DCR 917.)

## *HISTORICAL AND STATUTORY NOTES*

### *Prior Codifications*

1981 Ed., § 21-511.

1973 Ed., § 21-511.

### *Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-511. Voluntary hospitalization."

"A person may apply to a public or private hospital in the District of Columbia for admission to the hospital as a voluntary patient for the purposes of observation, diagnosis, and care and treatment of a mental illness. Upon the request of such a person 18 years of age or over, or, in the case of a person under 18 years of age, of his spouse, parent, or legal guardian, the administrator of the public hospital to which application is made shall, if an examination by an admitting psychiatrist or an admitting qualified psychologist reveals the need for hospitalization, or the administrator of the private hospital to which application is made may, admit the person as a voluntary patient to the hospital for the purposes described by this section, in accordance with this chapter."

### *Temporary Amendments of Section*

Section 2(e) of D.C. Law 14-131 amended this section to read as follows:

"§ 21-511. Voluntary hospitalization and treatment.

"(a) A person may apply to a public or private hospital, the Department, or any mental health provider in the District of Columbia to become a voluntary patient for the purposes of observation, diagnosis, and care and treatment of a mental illness. Upon the request of a person 18 years of age or over, or, in the case of a person under 18 years of age, of his spouse, parent, or legal guardian, the administrator of the public hospital to which application is made shall, or the administrator of a private hospital to which application is made may, admit the person as a voluntary patient to the hospital for the purposes described in this section, in accordance with this chapter, if an examination by an admitting psychiatrist or an admitting qualified psychologist reveals the need for hospitalization.

"(b) If an examination reveals that the person requesting admission is not in need of hospitalization but is in need of outpatient treatment, the administrator of the hospital to which the application was made, or his designee, shall facilitate the admission of the person for voluntary outpatient treatment to the Department, a core services agency, or another provider. A person who is under 18 years of age may, consistent with the provisions of the Mental Health Service Delivery Reform Act of 2001, effective December 18, 2001 (D.C. Law 14-56; 48 DCR 7674), seek and consent to outpatient mental health services and mental health supports."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(e) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(f) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(e) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(f) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-512. RELEASE OF VOLUNTARY PATIENTS.**

(a) A person accepted for voluntary treatment by a hospital, the Department, or a mental health provider, pursuant to section 21-511 may, at any time, if the person is 18 years of age or over, obtain his or her release from the hospital or other treatment by filing a written request with the chief of service or, in the case of the Department, the chief clinical officer. Within a period of 48 hours after the receipt of the request, the chief of service or the chief clinical officer shall ensure that discharge planning is completed and release the person making the request. A person admitted into treatment pursuant to section 21-511

who is under 18 years of age may, at any time, obtain his or her release from the hospital or other treatment in the same manner, upon the written request of the person's spouse or domestic partner, parent, or legal guardian. A person under 18 years of age who has sought voluntary outpatient treatment without the consent of a parent or legal guardian may obtain his or her release from that treatment by filing a written request with the chief of service or chief clinical officer.

(b) When the chief of service or chief clinical officer determines that the person voluntarily receiving treatment pursuant to section 21-511 has recovered or that continued treatment of the person is no longer beneficial to the person, or advisable, the chief of service or chief clinical officer may discharge the person from the hospital or from other treatment.

(Sept. 14, 1965, 79 Stat. 752, Pub. L. 89-183, § 1; Apr. 4, 2003, D.C. Law 14-283, § 2(g), 50 DCR 917; Sept. 12, 2008, D.C. Law 17-231, § 22(b), 55 DCR 6758.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-512.

1973 Ed., § 21-512.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-512. Release of voluntary patients."

"(a) A voluntary patient admitted to a hospital pursuant to section 21-511 may, at any time, if he is 18 years of age or over, obtain his release from the hospital by filing a written request with the chief of service. Within a period of 48 hours after the receipt of the request, the chief of service shall release the patient making the request. A voluntary patient under 18 years of age, so admitted, may, at any time, obtain his release from the hospital in the same manner, upon the written request of his spouse, parent, or legal guardian.

"(b) When the chief of service determines that a voluntary patient hospitalized pursuant to section 21-511 has recovered or that continued hospitalization of the patient is no longer beneficial to him, or advisable, the chief of service may release him from the hospital."

D.C. Law 17-231, in subsec. (a), substituted "spouse or domestic partner" for "spouse".

##### *Temporary Amendments of Section*

Section 2(f) of D.C. Law 14-131 amended this section to read as follows:

"(a) A person accepted for voluntary treatment by a hospital, the Department, or a provider, pursuant to section 21-511 may, at any time, if the person is 18 years of age or over, obtain his release from the hospital or other treatment by filing a written request with the chief of service or, in the case of the Department, the chief clinical officer. Within a period of 48 hours after the receipt of the request, the chief of service or the chief clinical officer shall ensure that discharge planning is completed and release the person making the request. A person admitted into treatment pursuant to section 21-511 who is under 18 years of age may, at any time, obtain his release from the hospital or other treatment in the same manner, upon the written request of the person's spouse, parent, or legal guardian. A person under 18 years of age who has sought voluntary outpatient treatment without the consent of a parent or legal guardian may obtain his release from that treatment by filing a written request with the chief of service or chief clinical officer.

"(b) When the chief of service or chief clinical officer determines that the person voluntarily receiving treatment pursuant to section 21-511 has recovered or that continued treatment of the person is no longer beneficial to the person, or advisable, the chief of service or chief clinical officer may discharge the person from the hospital or from other treatment."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

##### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(f) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(f) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(g) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(g) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

## **§ 21-513. HOSPITALIZATION OF NONPROTESTING PERSONS.**

A friend or relative of a person believed to have a mental illness may apply on behalf of that person to the admitting psychiatrist or the admitting qualified psychologist of a hospital by presenting the person, together with a referral from a practicing physician or qualified psychologist. For the purpose of examination and treatment, a private hospital may accept a person so presented and referred, and a public hospital shall accept a person so presented and referred, if, in the judgment of the admitting psychiatrist or the admitting qualified psychologist, the need for examination and treatment is indicated on the basis of the person's mental condition and the person signs a statement at the time of the admission stating that he does not object to hospitalization. The statement shall contain in simple, nontechnical language the fact that the person is to be hospitalized and a description of the right to release set out in section 21-514. The admitting psychiatrist or the admitting qualified psychologist may admit a person so presented, without referral from a practicing physician or qualified psychologist, if the need for an immediate admission is apparent to the admitting psychiatrist or the admitting qualified psychologist upon preliminary examination.

(Sept. 14, 1965, 79 Stat. 753, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(7), 30 DCR 5778; Apr. 24, 2007, D.C. Law 16-305, § 35(a)(2), 53 DCR 6198.)

### **§ 21-514. RELEASE OF PATIENTS HOSPITALIZED UNDER SECTION 21-513.**

Unless proceedings for hospitalization under court order have been initiated under subchapter IV of this chapter, a hospital, upon the written request of a patient hospitalized pursuant to section 21-513, shall immediately release him.

(Sept. 14, 1965, 79 Stat. 753, Pub. L. 89-183, § 1.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-514.

1973 Ed., § 21-514.

## **SUBCHAPTER III. EMERGENCY HOSPITALIZATION.**

### **§ 21-521. DETENTION OF PERSONS BELIEVED TO BE MENTALLY ILL; TRANSPORTATION AND APPLICATION TO HOSPITAL.**

An accredited officer or agent of the Department of Mental Health of the District of Columbia, or an officer authorized to make arrests in the District of Columbia, or a physician or qualified psychologist of the person in question, who has reason to believe that a person is mentally ill and, because of the illness, is likely to injure himself or others if he is not immediately detained may, without a warrant, take the person into custody, transport him to a public or private hospital, or to the Department, and make application for his admission thereto for purposes of emergency observation and diagnosis. The application shall reveal the circumstances under which the person was taken into custody and the reasons therefor.

(Sept. 14, 1965, 79 Stat. 753, Pub. L. 89-183, § 1; July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(2); Feb. 24, 1984, D.C. Law 5-48, § 11(a)(8), 30 DCR 5778; Apr. 30, 1988, D.C. Law 7-104, § 6(f), 35 DCR 147; Dec. 18, 2001, D.C. Law 14-56, § 116(g)(1), 48 DCR 7674; Apr. 4, 2003, D.C. Law 14-283, § 2(h), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-521.

1973 Ed., § 21-521.

##### *Effect of Amendments*

D.C. Law 14-56 substituted "Department of Mental Health" for "Department of Human Services".

D.C. Law 14-283 added ", or to the Department" after "or private hospital".

##### *Temporary Amendments of Section*

Section 16(g)(1) of D.C. Law 14-51 substituted "Department of Mental Health" for "Department of Human Services" in the first sentence.

Section 19(b) of D.C. Law 14-51 provides that the act shall expire after 225 days of its having taken effect.

Section 2(g) of D.C. Law 14-131, in the first sentence, added ", or to the Department," following "or private

hospital".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 16(g)(1) of Department of Mental Health Establishment Emergency Amendment Act of 2001 (D.C. Act 14-55, May 2, 2001, 48 DCR 4390).

For temporary (90 day) amendment of section, see § 16(g)(1) of Department of Mental Health Establishment Congressional Review Emergency Amendment Act of 2001 (D.C. Act 14-101, July 23, 2001, 48 DCR 7123).

For temporary (90 day) amendment of section, see § 116(g)(1) of Mental Health Service Delivery Reform Congressional Review Emergency Act of 2001 (D.C. Act 14-144, October 23, 2001, 48 DCR 9947).

For temporary (90 day) amendment of section, see § 2(g) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(g) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(h) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(h) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For legislative history of D.C. Law 7-104, see Historical and Statutory Notes following § 21-501.

Law 14-51, the "Department of Mental Health Establishment Temporary Amendment Act of 2001", was introduced in Council and assigned Bill No. 14-174, which was retained by Council. The Bill was adopted on first and second readings on April 3, 2001, and May 1, 2001, respectively. Signed by the Mayor on May 22, 2001, it was assigned Act No. 14-72 and transmitted to both Houses of Congress for its review. D.C. Law 14-51 became effective on October 30, 2001.

Law 14-56, the "Mental Health Service Delivery Reform Act of 2001", was introduced in Council and assigned Bill No. 14-136, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on June 26, 2001, and July 10, 2001, respectively. Signed by the Mayor on July 24, 2001, it was assigned Act No. 14-119 and transmitted to both Houses of Congress for its review. D.C. Law 14-56 became effective on December 18, 2001.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-522. EXAMINATION AND ADMISSION TO HOSPITAL; NOTICE.**

(a) Subject to the provisions of section 21-523, the administrator of a private hospital may, and the administrator of a public hospital or the chief clinical officer of the Department or his designee shall, admit and detain for purposes of emergency observation and diagnosis a person with respect to whom application is made under section 21-521, if the application is accompanied by a certificate of a psychiatrist, qualified physician, or qualified psychologist on duty at the hospital or the Department stating that he or she:

- (1) Has examined the person;
- (2) Is of the opinion that the person has symptoms of a mental illness and, because of the mental illness, is likely to injure himself or others unless the person is immediately detained; and
- (3) Is of the opinion that hospitalization is the least restrictive form of treatment available to prevent the person from injuring himself or others.

(b) Subject to the provisions of section 21-523, the chief clinical officer of the Department shall admit and detain, for purposes of emergency observation and diagnosis at a facility certified by the Department for emergency detention, a person with respect to whom application is made under section 21-521, if the application is accompanied by a certificate of a psychiatrist, qualified physician, or qualified psychologist on duty at the Department stating that he or she:

- (1) Has examined the person;
- (2) Is of the opinion that the person has symptoms of a mental illness and, because of the mental illness, is likely to injure himself or others unless the person is immediately detained;
- (3) Is of the opinion that hospitalization is not the least restrictive form of treatment available to ensure that the person will not injure himself or others; and

(4) Is of the opinion that detention in a certified facility for observation and diagnosis is the least restrictive treatment alternative to prevent the person from injuring himself or others.

(c) If the psychiatrist, qualified physician, or qualified psychologist determines, after examining the person who has been presented for emergency observation and diagnosis, that the person is not mentally ill, not likely to injure himself or others unless immediately detained, or that hospitalization or detention in a facility certified for emergency observation and diagnosis is not the least restrictive form of treatment, the psychiatrist, qualified physician, or qualified psychologist shall not admit the person to the hospital or facility as an inpatient and shall facilitate the person's outpatient treatment through the Department or a provider, as appropriate.

(d) Immediately upon the admission of a mentally ill person to a hospital pursuant to this subchapter, the administrator of the hospital shall notify the chief clinical officer of the Department of the admission by telephone, telefax, or electronically. Not later than 24 hours after the admission pursuant to this subchapter, the administrator of the hospital or the chief clinical officer of the Department shall serve notice of the admission to the Commission, the parent or legal guardian of a person under 18 years of age who was admitted pursuant to this subchapter, and, if authorized by the person who was admitted to the hospital or the Department consistent with the provisions of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*), to the spouse or domestic partner, parent of an admitted person who is 18 years of age or older, or legal guardian of the person.

(Sept. 14, 1965, 79 Stat. 753, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(9), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(i), 50 DCR 917; Sept. 12, 2008, D.C. Law 17-231, § 22(c), 55 DCR 6758.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-522.

1973 Ed., § 21-522.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-522. Examination and admission to hospital; notice."

"Subject to the provisions of section 21-523, the administrator of a private hospital, may, and the administrator of a public hospital shall, admit and detain for purposes of emergency observation and diagnosis a person with respect to whom application is made under section 21-521, if the application is accompanied by a certificate of a psychiatrist or qualified psychologist on duty at the hospital stating that he has examined the person and is of the opinion that he has symptoms of a mental illness and, as a result thereof, is likely to injure himself or others unless he is immediately hospitalized. Not later than 24 hours after the admission pursuant to this subchapter of a person to a hospital, the administrator of the hospital shall serve notice of the admission, by registered mail, to the spouse, parent, or legal guardian of the person and to the Commission on Mental Health."

D.C. Law 17-231, in subsec. (d), substituted "spouse or domestic partner" for "spouse".

##### *Temporary Amendments of Section*

Section 2(h) of D.C. Law 14-131 amended this section to read as follows:

"(a) Subject to the provisions of section 21-523, the administrator of a private hospital may, and the administrator of a public hospital or the chief clinical officer of the Department or his designee shall, admit and detain for purposes of emergency observation and diagnosis a person with respect to whom application is made under section 21-521, if the application is accompanied by a certificate of a psychiatrist, qualified physician, or qualified psychologist on duty at the hospital or the Department stating that he:

"(1) Has examined the person;

"(2) Is of the opinion that the person has symptoms of a mental illness and, because of the mental illness, is likely to injure himself or others unless the person is immediately hospitalized; and

"(3) Is of the opinion that hospitalization is the least restrictive form of treatment available to prevent the person from injuring himself or others.

"(b) Subject to the provisions of section 21-523, the chief clinical officer of the Department shall admit and detain, for purposes of emergency observation and diagnosis at a facility certified by the Department for emergency detention, a person with respect to whom application is made under section 21-521, if the application is accompanied by a certificate of a psychiatrist, qualified physician, or qualified psychologist on duty at the Department stating that he:

"(1) Has examined the person;

"(2) Is of the opinion that the person has symptoms of a mental illness and, because of the mental illness, is likely to injure himself or others unless the person is immediately detained;

"(3) Is of the opinion that hospitalization is not the least restrictive form of treatment available to ensure that the person will not injure himself or others; and

"(4) Is of the opinion that detention in a certified facility for observation and diagnosis is the least restrictive treatment alternative to prevent the person from injuring himself or others.

"(c) If the psychiatrist, qualified physician, or qualified psychologist determines, after examining the person who has been presented for emergency observation and diagnosis, that the person is not mentally ill, not likely to injure himself or others unless immediately detained, or that hospitalization or detention in a facility certified for emergency observation and diagnosis is not the least restrictive form of treatment, the psychiatrist, qualified physician, or qualified psychologist shall not admit the person to the hospital or facility as an inpatient and shall facilitate the person's outpatient treatment through the Department or a provider, as appropriate.

"(d) Immediately upon the admission of a mentally ill person to a hospital pursuant to this subchapter, the administrator of the hospital shall notify the chief clinical officer of the Department of the admission by telephone, telefax, or electronically. Not later than 24 hours after the admission pursuant to this subchapter, the administrator of the hospital or the chief clinical officer of the Department shall serve notice of the admission to the spouse, parent, or legal guardian of the person and to the Commission on Mental Health, if authorized by the person who was admitted to the hospital or the Department consistent with the provisions of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*)."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(h) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(h) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(i) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(i) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

For Law 17-231, see notes following § 21-501.

### **§ 21-523. COURT ORDER REQUIREMENT FOR HOSPITAL DETENTION BEYOND 48 HOURS; MAXIMUM PERIOD FOR OBSERVATION.**

A person admitted to a hospital or the Department under section 21-522 may not be detained in the hospital or by the Department for a period in excess of 48 hours from the time of the person's admission, unless the administrator of the hospital, the chief clinical officer of the Department, or the administrator's or chief clinical officer's designee has, within that period, filed a written petition with the court for an order authorizing the continued detention of the person for emergency observation and diagnosis for a period not to exceed 7 days from the time the order is entered.

(Sept. 14, 1965, 79 Stat. 753, Pub. L. 89-183, § 1; Apr. 4, 2003, D.C. Law 14-283, § 2(j), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-523.

1973 Ed., § 21-523.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-523. Court order requirement for hospital detention beyond 48 hours; maximum period for observation."

"A person admitted to a hospital under section 21-522 may not be detained in the hospital for a period in excess of 48 hours from the time of his admission, unless the administrator of the hospital has, within that



period, filed a written petition with the court for an order authorizing the continued hospitalization of the person for emergency observation and diagnosis for a period not to exceed 7 days from the time the order is entered."

#### *Temporary Amendments of Section*

Section 2(i) of D.C. Law 14-131 amended this section to read as follows:

"A person admitted to a hospital or the Department under section 21-522 may not be detained in the hospital or by the Department for a period in excess of 48 hours from the time of the person's admission, unless the administrator of the hospital, the chief clinical officer of the Department, or the administrator's or chief clinical officer's designee has, within that period, filed a written petition with the court for an order authorizing the continued hospitalization of the person for emergency observation and diagnosis for a period not to exceed 7 days from the time the order is entered."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(i) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(i) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(j) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(j) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-524. DETERMINATION AND ORDER OF COURT.**

(a) Within a period of 24 hours after the court receives a petition for hospitalization of a person for emergency observation and diagnosis, filed by the administrator of a hospital or chief clinical officer of the Department pursuant to section 21-523, the court shall:

- (1) order the hospitalization; or
- (2) order the person's immediate release.

(b) The court, in making its determination under this section, shall consider the written reports of the agent, officer, physician or qualified psychologist who made the application under section 21-522, the certificate of the examining psychiatrist or examining qualified psychologist which accompanied it, and any other relevant information.

(Sept. 14, 1965, 79 Stat. 754, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(10), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(k), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-524.

1973 Ed., § 21-524.

##### *Effect of Amendments*

D.C. Law 14-283, in subsec. (a), substituted "administrator of a hospital or chief clinical officer of the Department" for "administrator of a hospital".

#### *Temporary Amendments of Section*

Section 2(j) of D.C. Law 14-131, in subsec. (a), substituted "administrator of a hospital or chief clinical officer of the Department" for "administrator of a hospital".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(j) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(k) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(j) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(k) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

### **§ 21-525. HEARING BY COURT.**

The court shall grant a hearing to a person whose continued hospitalization is ordered under section 21-524, if he requests the hearing. The hearing shall be held within 24 hours after receipt of the request.

(Sept. 14, 1965, 79 Stat. 754, Pub. L. 89-183, § 1.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-525.

1973 Ed., § 21-525.

##### *Law Review and Journal Commentaries*

Camouflaged Legitimacy: Civil Commitment, Property Rights, and Legal Isolation. Valerie L. Collins, 52 Howard Law Journal 407 (2009).

### **§ 21-526. EXTENSION OF MAXIMUM PERIODS OF TIME.**

(a) If the maximum period of time prescribed by section 21-512, 21-523, 21-524, 21-525 or 21-548, during which an action or determination may or shall be taken, expires on a Saturday, Sunday, or legal holiday, the period may be extended to not later than noon of the next succeeding day which is not a Saturday, Sunday, or legal holiday.

(b) If the maximum period of time prescribed by the sections listed in subsection (a) of this section expires between 12:01 a.m. and 12:00 noon on a Monday or the next business day following a legal holiday, the period shall be extended until 12:00 noon of that day, or, when the maximum period of time prescribed by the sections listed in subsection (a) of this section expires on a legal holiday, the period shall be extended until 12:00 noon of the next business day.

(c) The maximum period of time for detention for emergency observation and diagnosis may be extended for up to 21 days, if judicial proceedings under subchapter IV of this chapter have been commenced before the expiration of the order entered under section 21-524 and a psychiatrist or qualified psychologist has examined the person who is the subject of the judicial proceedings and is of the opinion that the person being detained remains mentally ill and is likely to injure himself or others as a result of the illness unless the emergency detention is continued. For good cause shown, the Court may extend the period of detention for emergency observation and diagnosis. The period of detention for emergency observation and diagnosis may be extended pursuant to section 21-543(b) or following a hearing before the Commission pursuant to subsections (d) and (e) of this section.

(d) If the Commission, at the conclusion of its hearing pursuant to section 21-542, has found that the person with respect to whom the hearing was held is mentally ill and, because of the mental illness, is likely to injure himself or others if not committed, and has concluded that a recommendation of inpatient commitment is the least restrictive alternative available to prevent the person from injuring himself or others, the detention for emergency observation and diagnosis may be continued by the Department or hospital --

(1) Pending the conclusion of judicial proceedings under subchapter IV of this chapter;

(2) Until the Court enters an order discharging the person; or

(3) Until the Department or hospital determines that continued hospitalization is no longer the least restrictive form of treatment appropriate for the person being detained.

(e) If the Commission, at the conclusion of its hearing, finds that the person is mentally ill, is likely to injure himself or other persons as a result of mental illness if not committed, and that outpatient treatment is the

least restrictive form of commitment appropriate, then, within 14 days of the date of the hearing, the person shall be discharged from inpatient status and shall receive outpatient mental health services or mental health supports as an emergency nonvoluntary patient consistent with this subchapter, pending the conclusion of judicial proceedings under subchapter IV of this chapter.

(Sept. 14, 1965, 79 Stat. 754, Pub. L. 89-183, § 1; June 30, 1989, D.C. Law 8-15, § 2, 36 DCR 3695; April 4, 2003 (Dec. 10, 2004), D.C. Law 14-283, § 2(l)(1), 50 DCR 917; Dec. 10, 2004, 118 Stat. 3473, Pub. L. 108-450, § 4.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-526.

1973 Ed., § 21-526.

##### *Effect of Amendments*

D.C. Law 14-283, in subsec. (a), substituted "section 21-512, 21-523, 21-524, 21-525 or 21-548" for "section 21-512, 21-523, 21-524, or 21-525".

Pub. L. 108-450 added subsecs. (c), (d), and (e).

##### *Temporary Amendments of Section*

Section 2(k) of D.C. Law 14-131, in subsec. (a), substituted "section 21-512, 21-523, 21-524, 21-525 or 21-548" for "section 21-512, 21-523, 21-524, or 21-525"; and added subsecs. (c), (d) and (e) to read as follows:

"(c) The maximum period of time for detention for emergency observation and diagnosis may be extended for up to 14 days, if judicial proceedings under subchapter IV of this chapter have been commenced before the expiration of the order entered under section 21-524 and a psychiatrist or qualified psychologist has examined the person who is the subject of the judicial proceedings and is of the opinion that the person being detained remains mentally ill and is likely to injure himself or others as a result of the illness unless the emergency detention is continued.

"(d)(1) If requested by the petitioner, the Commission, at the conclusion of its hearing pursuant to section 21-542, may immediately order the continued hospitalization of a person detained for emergency observation and diagnosis until the conclusion of judicial proceedings under subchapter IV of this chapter, but only after the Commission has:

"(A) Found that the person with respect to whom the hearing was held is mentally ill and, because of the mental illness, is likely to injure himself or other persons if not committed; and

"(B) Concluded that a recommendation of inpatient commitment is the least restrictive alternative available to prevent the person from injuring himself or others.

"(2) If the Commission orders the continued inpatient detention of a person, it shall promptly notify the court of that fact in writing.

"(3) If requested by the petitioner at the hearing, the Commission may order the immediate transfer of the person being detained to the Department, for inpatient or outpatient mental health services or mental health supports, or may order the continued detention by the Department in a facility certified for emergency observation and diagnosis, pending the conclusion of judicial proceedings under subchapter IV of this chapter. If the Commission orders the continued detention of a person or transfer of a person to the Department, it shall promptly notify the court of that fact in writing.

"(e) If requested by the petitioner, the Commission, at the conclusion of its hearing, may order that the person being detained by the Department continue to receive outpatient mental health services or mental health supports pending the conclusion of judicial proceedings under subchapter IV of this chapter, if at the conclusion of the hearing, the Commission finds that the person is mentally ill, likely to injure himself or others as a result of mental illness if not committed, and that outpatient treatment is the least restrictive form of appropriate commitment. The Commission shall promptly notify the court of the decision regarding continued outpatient services and supports in writing."

For applicability of § 2(k)(2) of D.C. Law 14-131, see note following § 21-502.

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

##### *Emergency Act Amendments*

For temporary (90 day) addition of applicability provision for § 2(d), (k)(2), (m), (q)(3) and (4), (s), and (t) of D.C. Act 14-265, see § 4 of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(k) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(k) of Mental Health Commitment Congressional

Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section applicable upon the enactment of certain legislation by the United States Congress, see §§ 2(l) and 3 of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see §§ 2(l) and (3) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

Law 8-15, the "District of Columbia Hospitalization of the Mentally Ill Amendment Act of 1989," was introduced in Council and assigned Bill No. 8-72, which was referred to the Committee on Human Services. The Bill was adopted on first and second readings on April 18, 1989, and May 2, 1989, respectively. Signed by the Mayor on May 12, 1989, it was assigned Act No. 8-31 and transmitted to both Houses of Congress for its review.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

#### *Miscellaneous Notes*

Applicability of §§ 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) of Law 14-283: Section 3 of Law 14-283 provided that section 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) shall apply upon the enactment of legislation by the United States Congress that states the following: "Notwithstanding any other law, section 2(d), (e), (l)(2), (r)(3) and (4), (t), and (u) of the Mental Health Civil Commitment Act of 2002, adopted by the Council of the District of Columbia, is enacted into law."

## **§ 21-527. EXAMINATION AND RELEASE OF PERSON; NOTICE.**

(a)(1) The chief clinical officer of the Department or the chief of service of a hospital in which a person is hospitalized under a court order entered pursuant to section 21-524 shall, within 48 hours after the order is entered, have the person examined by a psychiatrist or qualified psychologist.

(2) If the psychiatrist or qualified psychologist, after his examination, certifies that in his opinion the person is not mentally ill to the extent that the person is likely to injure himself or others if not presently detained, the person shall be immediately released.

(3) After the examination required under paragraph (1) of this subsection has been completed, the chief of service of the hospital:

- (A) Shall immediately notify the chief clinical officer of the Department of the results of the examination by telephone, telefax, or other electronic means;
- (B) Shall immediately send a copy of the results of the examination by mail to the Commission;
- (C) Shall immediately send a copy of the results of the examination by mail to the parent or legal guardian of a person under 18 years of age who was committed; and
- (D) Shall, within 48 hours, send a copy of the results by mail to the spouse or domestic partner, parents, attorney, legal guardian, or nearest known adult relative of the person examined, if authorized by the person who was examined consistent with the provisions of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*).

(b)(1) The chief clinical officer of the Department or the chief of service of a hospital in which a person is detained under a court order entered pursuant to section 21-524 or under section 21-526(c) shall immediately release the person from the emergency detention in a hospital if, at any time during the detention, a psychiatrist or qualified psychologist at the hospital or the Department certifies that, based on an examination, it is his opinion that the person is no longer mentally ill to the extent that the person is likely to injure himself or others if not presently detained or that the person could be treated in a less restrictive setting.

(2) After the examination required under paragraph (1) of this subsection has been completed, the chief of service of the hospital:

- (A) Shall immediately notify the chief clinical officer of the Department of the results of the examination by telephone, telefax, or other electronic means;
- (B) Shall immediately send a copy of the results of the examination by mail to the Commission;
- (C) Shall immediately send a copy of the results of the examination by mail to the parent or legal guardian of a person under 18 years of age who was committed; and
- (D) Shall, within 48 hours, send a copy of the results by mail to the spouse or domestic partner, parents, attorney, legal guardian, or nearest known adult relative of the person examined, if

authorized by the person who was examined consistent with the provisions of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*).

(Sept. 14, 1965, 79 Stat. 754, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(11), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(m), 50 DCR 917; Sept. 12, 2008, D.C. Law 17-231, § 22(d), 55 DCR 6758.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-527.

1973 Ed., § 21-527.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-527. Examination and release of person; notice."

"The chief of service of a hospital in which a person is hospitalized under a court order entered pursuant to section 21-524 shall, within 48 hours after the order is entered, have the person examined by a physician or qualified psychologist. If the physician or qualified psychologist, after his examination, certifies that in his opinion the person is not mentally ill to the extent that he is likely to injure himself or others if not presently detained, the person shall be immediately released. The chief of service shall, within 48 hours after the examination has been completed, send a copy of the results thereof by certified or registered mail to the spouse, parents, attorney, legal guardian, or nearest known adult relative of the person examined."

D.C. Law 17-231 substituted "spouse or domestic partner" for "spouse".

##### *Temporary Amendments of Section*

Section 2(l) of D.C. Law 14-131 amended this section to read as follows:

"(a) The chief clinical officer of the Department or the chief of service of a hospital in which a person is hospitalized under a court order entered pursuant to section 21-524 shall, within 48 hours after the order is entered, have the person examined by a psychiatrist or qualified psychologist. If the psychiatrist or qualified psychologist, after his examination, certifies that in his opinion the person is not mentally ill to the extent that the person is likely to injure himself or others if not presently detained, the person shall be immediately released. The chief of service shall immediately notify the chief clinical officer of the Department of the results of the examination by telephone, telefax, or other electronic means and shall, within 48 hours after the examination has been completed, send a copy of the results by mail to the spouse, parents, attorney, legal guardian, or nearest known adult relative of the person examined, if authorized by the person who is hospitalized consistent with the provisions of the District of Columbia Mental Health Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*).

"(b) The chief clinical officer of the Department or the chief of service of a hospital in which a person is detained under a court order entered pursuant to section 21-524 or under section 21-526(c) shall immediately release the person from the emergency detention in a hospital if, at any time during the detention, a psychiatrist or psychologist at the hospital or the Department certifies that, based on an examination, it is his opinion that the person is no longer mentally ill to the extent that the person is likely to injure himself or others if not presently detained or that the person could be treated in a less restrictive setting. The chief of service shall immediately notify the chief clinical officer of the Department of the results of the examination by telephone, telefax, or other electronic means and shall, within 48 hours after the examination has been completed, send a copy of the results by mail to the spouse, parents, attorney, legal guardian, or nearest known adult relative of the person examined, if authorized by the person who was examined consistent with the provisions of the District of Columbia Mental Health Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*)."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

##### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(l) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(l) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(m) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(m) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

##### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

For Law 17-231, see notes following § 21-501.

## **§ 21-528. DETENTION OF PERSON PENDING JUDICIAL PROCEEDINGS.**

Notwithstanding any other provision of this subchapter, the administrator of a hospital in which a person is hospitalized under this subchapter may, if judicial proceedings for his hospitalization have been commenced under subchapter IV of this chapter, detain the person in the hospital during the course of the judicial proceedings.

(Sept. 14, 1965, 79 Stat. 754, Pub. L. 89-183, § 1.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 21-528.

1973 Ed., § 21-528.

#### *Temporary Repeal of Section*

Section 2(m) of D.C. Law 14-131 repealed this section.

For applicability of § 2(m) of D.C. Law 14-131, see note following § 21-502.

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) addition of applicability provision of § 2(d), (k)(2), (m), (q)(3) and (4), (s), and (t) of D.C. Act 14-265, see § 4 of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) repeal of section, see § 2(m) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) repeal of section, see § 2(m) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) repeal of section applicable upon the enactment of certain legislation by the United States Congress, see §§ 2(n) and 3 of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) repeal of section, see §§ 2(n) and (3) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

#### *Miscellaneous Notes*

For applicability of D.C. Law 14-131, see note following § 21-502.

## **SUBCHAPTER IV. COMMITMENT UNDER COURT ORDER.**

### *Refs & Annos*

### *HISTORICAL AND STATUTORY NOTES*

#### *Effect of Amendments*

D.C. Law 14-283 substituted "COMMITMENT" for "HOSPITALIZATION".

#### *Temporary Amendments of Heading*

Section 2(n) of D.C. Law 14-131 substituted "COMMITMENT" for "HOSPITALIZATION".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Legislative History of Laws*

## **§ 21-541. PETITION TO COMMISSION; COPY TO PERSON AFFECTED.**

(a) Proceedings for the judicial commitment of a person in the District of Columbia may be commenced by the filing of a petition with the Commission by his spouse, parent, or legal guardian, by a physician or a qualified psychologist, by a duly accredited officer or agent of the Department, by the Director of the Department or the Director's designee, or by an officer authorized to make arrests in the District of Columbia. The petition shall be accompanied by:

(1) a certificate of a physician or qualified psychologist stating that he has examined the person and is of the opinion that the person is mentally ill, and because of the illness is likely to injure himself or other persons if not committed; or

(2) a sworn written statement by the petitioner that:

(A) the petitioner has good reason to believe that the person is mentally ill, and, because of the illness, is likely to injure himself or other persons if not committed; and

(B) the person has refused to submit to examination by a physician or qualified psychologist.

(b) Within three days after the Department receives a petition filed under subsection (a) of this section, the Department shall send a copy of the petition by registered mail to the person with respect to whom it was filed.

(Sept. 14, 1965, 79 Stat. 754, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(12), 30 DCR 5778; Apr. 30, 1988, D.C. Law 7-104, § 6(g), 35 DCR 147; Dec. 18, 2001, D.C. Law 14-56, § 116(g)(2), 48 DCR 7674; April 4, 2003, D.C. Law 14-283, § 2(p), 50 DCR 917; Mar. 13, 2004, D.C. Law 15-105, § 57, 51 DCR 881.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 21-541.

1973 Ed., § 21-541.

#### *Effect of Amendments*

D.C. Law 14-56, in subsec. (a), substituted "Department of Mental Health" for "Department of Human Services".

D.C. Law 14-283 rewrote the introductory paragraph of subsec. (a); in par. (1) of subsec. (a), substituted "not committed" for "allowed to remain at liberty"; and in par. (2)(A) of subsec. (a), substituted "not committed" for "allowed to remain at liberty". Prior to amendment, the introductory paragraph of subsec. (a) had read as follows:

"(a) Proceedings for the judicial hospitalization of a person in the District of Columbia may be commenced by the filing of a petition with the Department of Mental Health by his spouse, parent, or legal guardian, by a physician or a qualified psychologist, by a duly accredited officer or agent of the Department of Mental Health, or by an officer authorized to make arrests in the District of Columbia. The petition shall be accompanied by:"

D.C. Law 15-105 validated previously made technical corrections.

#### *Temporary Amendments of Section*

Section 16(g)(2) of D.C. Law 14-51, in subsec. (a), substituted "Department of Mental Health" for "Department of Human Services".

Section 19(b) of D.C. Law 14-51 provides that the act shall expire after 225 days of its having taken effect.

Section 2(o) of D.C. Law 14-131, in subsec. (a), in the introductory language, substituted "commitment" for "hospitalization"; and in pars. (1) and (2)(A), substituted "not committed" for "allowed to remain at liberty".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 116(g)(2) of Mental Health Service Delivery Reform Congressional Review Emergency Act of 2001 (D.C. Act 14-144, October 23, 2001, 48 DCR 9947).

For temporary (90 day) amendment of section, see § 16(g)(2) of Department of Mental Health Establishment Emergency Amendment Act of 2001 (D.C. Act 14-55, May 2, 2001, 48 DCR 4390).

For temporary (90 day) amendment of section, see § 16(g)(2) of Department of Mental Health Establishment Congressional Review Emergency Amendment Act of 2001 (D.C. Act 14-101, July 23, 2001, 48 DCR 7123).

For temporary (90 day) amendment of section, see § 2(o) of Mental Health Commitment Emergency

Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(o) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(p) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(p) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For legislative history of D.C. Law 7-104, see Historical and Statutory Notes following § 21-501.

For D.C. Law 14-51, see notes following § 21-521.

For Law 14-56, see notes following § 21-521.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

Law 15-105, the "Technical Amendments Act of 2003", was introduced in Council and assigned Bill No. 15-437, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 4, 2003, and December 2, 2003, respectively. Signed by the Mayor on January 6, 2004, it was assigned Act No. 15-291 and transmitted to both Houses of Congress for its review. D.C. Law 15-105 became effective on March 13, 2004.

### **§ 21-542. HEARING BY COMMISSION; PRESENCE AND RIGHTS OF PERSON AFFECTED; HEARING REGARDING LIABILITY.**

(a) The Commission shall promptly examine a person alleged to be mentally ill after the filing of a petition under section 21-541 and shall thereafter promptly hold a hearing on the issue of his mental illness. The hearing shall be conducted in a manner consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the mental health of the person named in such petition. In conducting the hearing, the Commission shall hear testimony of any person whose testimony may be relevant and shall receive all relevant evidence which may be offered. A person with respect to whom a hearing is held under this section may, in his discretion, be present at the hearing, to testify, and to present and cross-examine witnesses.

(b) The Commission shall also hold a hearing in order to determine liability under the provisions of section 21-586 for the expenses of commitment of the alleged mentally ill person, if it is determined that he is mentally ill and should be committed as provided under this chapter. The hearing may be conducted separately from the hearing on the issue of mental illness. If conducted separately, it may be conducted by the Chairman of the Commission alone.

(Sept. 14, 1965, 79 Stat. 755, Pub. L. 89-183, § 1; Apr. 4, 2003, D.C. Law 14-283, § 2(q), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-542.

1973 Ed., § 21-542.

##### *Effect of Amendments*

D.C. Law 14-283, in subsec. (a), substituted "a manner" for "as informal a manner as may be"; and in subsec. (b), substituted "commitment" for "hospitalization" and substituted "committed" for "hospitalized".

##### *Temporary Amendments of Section*

Section 2(p) of D.C. Law 14-131, in subsec. (b), in the first sentence, substituted "commitment" for "hospitalization", and "committed" for "hospitalized".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

##### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(p) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(p) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(q) of Mental Health Civil Commitment Emergency Act



of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(q) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-543. REPRESENTATION BY COUNSEL; COMPENSATION; RECESS.**

(a) The person alleged to be mentally ill and, because of the mental illness, likely to injure himself or others shall be represented by counsel in any proceeding before the Commission or the court, and if he fails or refuses to obtain counsel, the court shall appoint counsel to represent him. The counsel so appointed shall be awarded compensation by the court for his services in an amount determined by it to be fair and reasonable. The compensation shall be charged against the estate of the individual for whom the counsel was appointed, or against any unobligated funds of the Commission, as the court in its discretion directs. The Commission or the court, as the case may be, shall, at the request of the counsel so appointed, grant a recess in the proceeding to give the counsel an opportunity to prepare his case.

(b) The Commission may not grant a continuance for counsel to prepare his case for more than 5 days. The Commission may grant continuances for good cause shown for periods of up to 14 days. If the Commission grants a continuance, the emergency observation and detention of the person about whom the hearing is being held shall be extended for the duration of the continuance.

(Sept. 14, 1965, 79 Stat. 755, Pub. L. 89-183, § 1; April 4, 2003 (Dec. 10, 2004), D.C. Law 14-283, § 2(r)(1), (2), 50 DCR 917; Dec. 10, 2004, 118 Stat. 3474, Pub. L. 108-450, § 5.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-543.

1973 Ed., § 21-543.

*Effect of Amendments*

D.C. Law 14-283 designated the existing text as subsection (a); and in the newly designated subsec. (a), substituted "person alleged to be mentally ill and, because of the mental illness, likely to injure himself or others" for "alleged mentally ill person".

Pub. L. 108-450, deleted the last sentence in subsec. (a); and added subsec. (b). The last sentence of subsec. (a) had read as follows: "A recess may not be granted for more than five days."

*Temporary Amendments of Section*

Section 2(q) of D.C. Law 14-131 designated the existing text as subsec. (a); substituted "person alleged to be mentally ill and, because of the mental illness, likely to injure himself or others" for "alleged mentally ill person"; deleted the last sentence; and added subsec. (b) to read as follows:

"(b) The Commission may not grant a recess for counsel to prepare his case for more than 5 days. The Commission may, with the consent of the parties, grant a recess for good cause shown for a period of up to 14 days. If the Commission grants a continuance, the Commission also may authorize the extension of the emergency observation and detention of the person about whom the hearing is being held for the duration of the continuance."

For applicability of § 2(q)(3) and (4) of D.C. Law 14-131, see note following § 21-502.

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) addition of applicability provision of § 2(d), (k)(2), (m), (q)(3) and (4), (s), and (t) of D.C. Law 14-265, see § 4 of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(q) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(q) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section applicable upon the enactment of certain legislation by the United States Congress, see §§ 2(r) and 3 of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see §§ 2(r) and (3) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

*Miscellaneous Notes*

For applicability of D.C. Law 14-131, see note following § 21-502.

Applicability of §§ 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) of Law 14-283: Section 3 of Law 14-283 provided that section 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) shall apply upon the enactment of legislation by the United States Congress that states the following: "Notwithstanding any other law, section 2(d), (e), (l)(2), (r)(3) and (4), (t), and (u) of the Mental Health Civil Commitment Act of 2002, adopted by the Council of the District of Columbia, is enacted into law."

## **§ 21-544. DETERMINATIONS OF COMMISSION; REPORT TO COURT; COPY TO PERSON AFFECTED; RIGHT TO JURY TRIAL.**

If the Commission finds, after a hearing under section 21-542, that the person with respect to whom the hearing was held is not mentally ill or if mentally ill, is not mentally ill to the extent that he is likely to injure himself or other persons if not committed, the Commission shall immediately order his release and notify the court of that fact in writing. If the Commission finds, after the hearing, that the person with respect to whom the hearing was held is mentally ill, and because of the illness is likely to injure himself or other persons if not committed, the Commission shall promptly report that fact, in writing, to the Superior Court of the District of Columbia. The report shall contain the Commission's findings of fact, conclusions of law, and recommendations. A copy of the report of the Commission shall be served personally on the person with respect to whom the hearing was held and his attorney. A person with respect to whom the hearing was held with respect to whom the report is made has the right to demand a jury trial, and the Commission, orally and in writing, shall advise him of this right.

(Sept. 14, 1965, 79 Stat. 755, Pub. L. 89-183, § 1; July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(3); Apr. 4, 2003, D.C. Law 14-283, § 2(s), 50 DCR 917.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-544.

1973 Ed., § 21-544.

*Effect of Amendments*

D.C. Law 14-283 substituted "not committed" for "allowed to remain at liberty", substituted "person with respect to whom the hearing was held" for "alleged mentally ill person", and substituted "A person" for "An alleged mentally ill person".

*Temporary Amendments of Section*

Section 2(r) of D.C. Law 14-131 substituted "not committed" for "allowed to remain at liberty" wherever it appeared; in the fourth sentence, substituted "person with respect to whom the hearing was held" for "alleged mentally ill person"; and in the last sentence, substituted "A person" for "An alleged mentally ill person".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(r) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(r) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(s) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(s) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

## **§ 21-545. HEARING AND DETERMINATION BY COURT OR JURY; ORDER; WITNESSES; JURORS.**

(a) Upon the receipt by the court of a report referred to in section 21-544, the court shall promptly set the matter for hearing and shall cause a written notice of the time and place of the final hearing to be served personally upon the person with respect to whom the report was made and his attorney, together with notice that he has five days following the date on which he is so served within which to demand a jury trial or a trial by the Court. The demand may be made by the person or by anyone in his behalf. If a jury trial or a trial by the Court is demanded within the five-day period, it shall be accorded by the court with all reasonable speed. If a timely demand for jury trial or a trial by the Court is not made, the court shall determine the person's mental condition on the basis of the report of the Commission, or on such further evidence in addition to the report as the court requires.

(b)(1) If the Court or jury finds that the person is not mentally ill or is not likely to injure himself or others as a result of mental illness, the Court shall dismiss the petition and order the person's release.

(2) If the Court or jury finds that the person is mentally ill and, because of that mental illness, is likely to injure himself or others if not committed, the Court may order the person's commitment to the Department or to any other facility, hospital, or mental health provider that the Court believes is the least restrictive alternative consistent with the best interests of the person and the public. An order of commitment issued pursuant to this paragraph shall be for a period of one year.

(c) The psychiatrists and qualified psychologists who are members of the Commission shall be competent and compellable witnesses at a hearing or trial held pursuant to this chapter.

(d) The jury to be used in any case where a jury trial is demanded under this chapter shall be impaneled, upon order of the Court, from the jurors in attendance upon other branches of the Court, who shall perform the services in addition to and as part of their duties in the Court.

(Sept. 14, 1965, 79 Stat. 756, Pub. L. 89-183, § 1; Apr. 4, 2003 (Dec. 10, 2004), D.C. Law 14-283, § 2(t), 50 DCR 917; Dec. 10, 2004, 118 Stat. 3474, Pub. L. 108-450, § 6(a).)

### *HISTORICAL AND STATUTORY NOTES*

#### *Prior Codifications*

1981 Ed., § 21-545.

1973 Ed., § 21-545.

#### *Effect of Amendments*

Pub. L. 108-450, in subsec. (a), substituted "jury trial or a trial by the Court" for "jury trial"; rewrote subsec. (b); and added subsecs. (c) and (d). Prior to amendment, subsec. (b) had read as follows:

"(b) If the court or jury, as the case may be, finds that the person is not mentally ill, the court shall dismiss the petition and order his release. If the court or jury finds that the person is mentally ill and, because of that illness, is likely to injure himself or other persons if allowed to remain at liberty, the court may order his hospitalization for an indeterminate period, or order any other alternative course of treatment which the court believes will be in the best interests of the person or of the public. The Commission, or a member thereof, shall be competent and compellable witnesses at a hearing or jury trial held pursuant to this chapter. The jury to be used in any case where a jury trial is demanded under this chapter shall be impaneled, upon order of the court, from the jurors in attendance upon other branches of the court, who shall perform the services in addition to and as part of their duties in the court."

#### *Temporary Amendments of Section*

Section 2(s) of D.C. Law 14-131, in subsec. (a), substituted "jury trial or a trial by the court" for "jury trial" wherever it appeared; and amended subsec. (b) to read as follows:

"(b) If the court or jury finds that the person is not mentally ill or is not likely to injure himself or others as a result of mental illness, the court shall dismiss the petition and order the person's release. If the court or jury finds that the person is mentally ill and, because of that mental illness, is likely to injure himself or others if not committed, the court may order the person's commitment to the Department or to any other facility, hospital, or mental health provider, which the court believes is the least restrictive alternative consistent with the best interests of the person and the public. The period of commitment shall not exceed one year. The physician-members and psychologist-members of the Commission shall be competent and compellable witnesses at a hearing or trial held pursuant to this chapter. The jury to be used in any case where a jury trial is demanded under this chapter shall be impaneled, upon order of the court, from the jurors in attendance upon other branches of the court, who shall perform the services in addition to and as part of their duties in the court. "

For applicability of § 2(s) of D.C. Law 14-131, see note following § 21-502.

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Temporary Addition of Section*

Section 2(t) of D.C. Law 14-131 added § 21-545.01 to read as follows:

"§ 21-545.01. Renewal of commitment status by Commission; review by court.

"(a) At least 60 days prior to the expiration of an order of commitment issued pursuant to section 21-545, the chief clinical officer of the Department, or the chief of service of the facility, hospital, or mental health provider to which the person is committed may petition the Commission for a renewal of the order of commitment for that person. The petition shall be supported by a certificate of a psychiatrist or qualified psychologist stating that he has examined the person and is of the opinion that the person is mentally ill, and because of the illness is likely to injure himself or other persons if not committed. The term of the renewed commitment order shall not exceed the length of the original term of commitment.

"(b) Within 3 days after the Commission receives a petition filed under subsection (a) of this section, the Commission shall send a copy of the petition and supporting certificate by registered mail to the person with respect to whom it was filed. The Commission shall send a copy of the petition and supporting certificate to the person's attorney within 3 days after the petition is filed.

"(c) The Commission shall promptly examine a person for whom a petition is filed under subsection (a) of this section, and, in accordance with the procedures described in sections 21-542 and 21-543, shall thereafter promptly hold a hearing on the issue of the person's mental illness and whether, as a result of a mental illness, the person is likely to injure himself or other persons if not committed.

"(d) If the Commission finds, after a hearing under subsection (c) of this section, that the person with respect to whom the hearing was held is no longer mentally ill, or is not mentally ill to the extent that the person is likely to injure himself or other persons if not committed, the Commission shall immediately order the termination of the commitment and notify the court of that fact in writing. If the Commission finds, after the hearing, that the person with respect to whom the hearing was held remains mentally ill to the extent that the person is likely to injure himself or others if not committed, the Commission shall order the renewal of the commitment of the person for an additional term not to exceed the length of the original commitment, and shall promptly report that fact, in writing, to the Superior Court of the District of Columbia. The report shall contain the Commission's findings of fact and conclusions of law. A copy of the report of the Commission shall be served by registered mail on the person with respect to whom the hearing was held and by mail on the person's attorney.

"(e) A person for whom the Commission orders renewed commitment pursuant to subsection (d) of this section may seek a review of the Commission's decision by the Superior Court of the District of Columbia, pursuant to D.C. Official Code § 11-1732, and the Commission, orally and in writing, shall advise the person of this right."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) addition of applicability provision of § 2(d), (k)(2), (m), (q)(3) and (4), (s), and (t) of D.C. Act 14-265, see § 4 of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(s) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) addition of § 21-545.01, see § 2(t) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(s) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) addition of § 21-545.01, see § 2(t) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section applicable upon the enactment of certain legislation by the United States Congress, see §§ 2(t) and 3 of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) addition of § 21-545.01 applicable upon the enactment of certain legislation by the United States Congress, see §§ 2(u) and 3 of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see §§ 2(t) and (3) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

For temporary (90 day) addition of § 21-545.01, see §§ 2(u) and (3) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For applicability of D.C. Law 14-131, see note following § 21-502.

Section 6(b) of Pub. L. 108-450, 118 Stat. 3472, the District of Columbia Mental Health Civil Commitment Modernization Act of 2004, provides:

"Effective Date. -- The amendments made by this section shall apply with respect to trials under section 21-545, District of Columbia Code, which are initiated on or after the date of the enactment of this Act."

Applicability of §§ 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) of Law 14-283: Section 3 of Law 14-283 provided that section 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) shall apply upon the enactment of legislation by the United States Congress that states the following: "Notwithstanding any other law, section 2(d), (e), (l)(2), (r)(3) and (4), (t), and (u) of the Mental Health Civil Commitment Act of 2002, adopted by the Council of the District of Columbia, is enacted into law."

## **§ 21-545.01. RENEWAL OF COMMITMENT STATUS BY COMMISSION; REVIEW BY COURT.**

(a) At least 60 days prior to the expiration of an order of commitment issued pursuant to section 21-545 or this section, the chief clinical officer of the Department, or the chief of service of the facility, hospital, or mental health provider to which the person is committed may petition the Commission for a renewal of the order of commitment for that person. For good cause shown, a petition of commitment may be filed within the last 60 days of the one-year period of commitment. The petition for renewal of commitment shall be supported by a certificate of a psychiatrist or qualified psychologist stating that he has examined the person and is of the opinion that the person is mentally ill, and, because of the illness, is likely to injure himself or other persons if not committed. The term of the renewed commitment order shall not exceed one year.

(b) Within 3 days of the filing of a petition under subsection (a) of this section, the Commission shall send a copy of the petition and supporting certificate by registered mail to the person with respect to whom the petition was filed and by regular mail to the person's attorney.

(c) The Commission shall promptly examine a person for whom a petition is filed under subsection (a) of this section, and, in accordance with the procedures described in sections 21-542 and 21-543, shall thereafter promptly hold a hearing on the issue of the person's mental illness and whether, as a result of a mental illness, the person is likely to injure himself or other persons if not committed.

(d) If the Commission finds, after a hearing under subsection (c) of this section, that the person with respect to whom the hearing was held is no longer mentally ill, or is not mentally ill to the extent that the person is likely to injure himself or other persons if not committed, the Commission shall immediately order the termination of the commitment and notify the Court of that fact in writing.

(e) If the Commission finds, after a hearing under subsection (c) of this section, that the person with respect to whom the hearing was held remains mentally ill to the extent that the person is likely to injure himself or others if not committed, the Commission shall order the renewal of the commitment of the person for an additional term not to exceed one year and shall promptly report that fact, in writing, to the Court. The report shall contain the Commission's findings of fact and conclusions of law. A copy of the report shall be served by registered mail on the person with respect to whom the hearing was held and by mail on the person's attorney.

(f) If a petition for a renewal of an order of commitment is pending at the expiration of the commitment period ordered under section 21-545 or this section, the Court may, for good cause shown, extend the period of commitment pending resolution of the renewal petition.

(g) Within the last 30 days of the period of commitment, the chief clinical officer of the Department, or the chief of service of the facility, hospital, or mental health provider to which a person is committed, shall notify the Court which ordered the person's commitment pursuant to section 21-545 or this section of the decision not to seek renewal of commitment. Notice to the Court shall be in writing and a copy of the notice shall be mailed to the person who was committed and the person's attorney.

(h)(1) A person for whom the Commission orders renewed commitment pursuant to subsection (e) of this section may seek a review of the Commission's order by the Superior Court of the District of Columbia, and the Commission, orally and in writing, shall advise the person of this right.

(2) A review of the Commission's order of renewed commitment, in whole or in part, may be made by a judge of the appropriate division sua sponte and shall be made upon a motion of one of the parties made pursuant to procedures established by rules of the Court. The reviewing judge shall conduct such proceedings as required by the rules of the Court.

(3) An appeal to the District of Columbia Court of Appeals may be made only after a judge of the Court has reviewed the Commission's order of renewed commitment.

Applicability of §§ 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) of Law 14-283: Section 3 of Law 14-283 provided that section 2(d), (e), (l)(2), (n), (r)(3) and (4), (t), and (u) shall apply upon the enactment of legislation by the United States Congress that states the following: "Notwithstanding any other law, section 2(d), (e), (l)(2), (r)(3) and (4), (t), and (u) of the Mental Health Civil Commitment Act of 2002, adopted by the Council of the District of Columbia, is enacted into law."

## **§ 21-546. PERIODIC EXAMINATIONS OF COMMITTED PATIENTS; PROCEDURE FOR EXAMINATION AND DETENTION OR RELEASE; PETITION TO COURT.**

(a) A person who has been committed for treatment pursuant to section 21-545 or section 21-545.01 shall be monitored by the chief clinical officer or the chief of service for the facility, hospital, or mental health provider to which the person has been committed. In doing so, the chief or service or chief clinical officer shall:

(1) Arrange for, at least every 90 days from the date on which the order was issued under section 21-545 or the date on which the renewed period of commitment begins pursuant to an order issued under section 21-545.01, an examination of the mental health of the committed person by a psychiatrist or qualified psychologist; and

(2) Promptly consider the reports of the psychiatrists or qualified psychologists conducting the examination, and order the committed person's immediate release from the commitment if the person is no longer mentally ill to the extent that the person is likely to injure himself or other persons if not committed.

(b) At the conclusion of an examination conducted pursuant to subsection (a)(1) of this section, the psychiatrist or qualified psychologist shall:

(1) Report his opinion as to whether the committed person is mentally ill and, if mentally ill, whether the committed person is likely to injure himself or others if not committed; and

(2) Determine whether the committed person is being treated in the least restrictive alternative possible and, if not, identify the least restrictive alternative for the committed person at that time.

(c)(1) Within 180 days from the date on which the order was issued under section 21-545 or the date on which the renewed period of commitment begins pursuant to an order issued under section 21-545.01, and at the committed person's own expense, the committed person may have an independent examination conducted by a psychiatrist or qualified psychologist obtained by the committed person. If a committed person who is indigent makes a written request for assistance with an examination under this section, the chief clinical officer shall assist the person in obtaining a psychiatrist or qualified psychologist to conduct the independent examination. A psychiatrist or qualified psychologist so obtained by an indigent person shall be compensated for his services out of any unobligated funds of the Department in an amount determined by the Department to be fair and reasonable.

(2) A psychiatrist or qualified psychologist who conducts an independent examination of the committed person under this subsection shall submit a report that includes his opinion as to whether the committed person is:

(A) Mentally ill;

(B) Likely to injure himself or others as a result of mental illness if not committed; and

(C) Being treated in the least restrictive alternative possible.

(3) If the psychiatrist or qualified psychologist who conducted the independent examination determines that the committed person is not being treated in the least restrictive alternative possible, he shall identify the least restrictive treatment appropriate for the committed person at that time.

(d)(1) If the chief clinical officer of the Department or the chief of service for the facility, hospital, or mental health provider, after considering the reports of the psychiatrists or qualified psychologists conducting the examination pursuant to subsection (a)(1) of this section, determines that the committed person continues to be mentally ill to the extent that the person is likely to injure himself or other persons if not committed, but one or more of the psychiatrists or qualified psychologists who conducted independent examinations under subsection (c) of this section reports that the committed person is not mentally ill to that extent, the committed person may request a change of status or discharge from the chief clinical officer of the Department or the chief of service for the facility, hospital, or mental health provider, and, if denied, may petition the court for an order directing the person's release.

(2) If the reports of the psychiatrists or qualified psychologists who have examined the committed person under subsection (a) or subsection (c) of this section identify less restrictive treatment

alternatives for the committed person and the chief clinical officer of the Department or the chief of service for the hospital, facility, or mental health provider does not implement the less restrictive form of treatment within 30 days of receipt of the report, the committed person may petition the court for an order directing the person's release to a less restrictive form of commitment.

(3) A petition filed with the court under this subsection shall be accompanied by the reports of the psychiatrists or qualified psychologists who conducted the examinations of the committed person, whether on behalf of the Department, hospital, or provider, or on behalf of the committed person.

(e) If the chief clinical officer of the Department or the chief of service for the facility, hospital, or mental health provider, after considering the reports of psychiatrists or qualified psychologists conducting an examination pursuant to subsections (a)(1) or (c)(1) of this section, orders the committed person's release from the commitment pursuant to subsections (a)(2) or (d)(1) of this section, then the chief clinical officer of the Department or the chief of service for the facility, hospital, or mental health provider shall promptly notify the court that ordered the commitment of that fact. If, as a result of a report of the psychiatrists or qualified psychologists conducting an examination pursuant to subsections (a)(1) or (c)(1) of this section, the committed person is moved from an inpatient treatment setting to a less restrictive treatment setting, the chief clinical officer of the Department or the chief of service for the facility, hospital, or mental health provider shall promptly notify the court that ordered the commitment of that fact.

(Sept. 14, 1965, 79 Stat. 756, Pub. L. 89-183, § 1; Feb 24, 1984, D.C. Law 5-48, § 11(a)(13), 30 DCR 5778; Apr. 30, 1988, D.C. Law 7-104, § 6(h), 35 DCR 147; Mar. 24, 1998, D.C. Law 12-81, § 14(i), 45 DCR 745; Dec. 18, 2001, D.C. Law 14-56, § 116(g)(3), 48 DCR 7674; Apr. 4, 2003, D.C. Law 14-283, § 2(v), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-546.

1973 Ed., § 21-546.

##### *Effect of Amendments*

D.C. Law 14-56 substituted "Department of Mental Health" for "Department of Human Services".

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-546. Periodic requests for examination of hospitalized patient; procedure for examination and detention or release; petition to court.

"A patient hospitalized pursuant to a court order obtained under section 21- 545, or his attorney, legal guardian, spouse, parent, or other nearest adult relative, may, upon the expiration of 90 days following the order and not more frequently than every 6 months thereafter, request, in writing, the chief of service of the hospital in which the patient is hospitalized, to have a current examination of his mental condition made by one or more physicians or qualified psychologists. If the request is timely it shall be granted. The patient may, at his own expense, have a duly qualified physician or qualified psychologist participate in the examination. In the case of such a patient who is indigent, the Department of Mental Health shall, upon the written request of the patient, assist him in obtaining a duly qualified physician or qualified psychologist to participate in the examination in the patient's behalf. A physician or qualified psychologist so obtained by an indigent patient shall be compensated for his services out of any unobligated funds of Department of Mental Health in an amount determined by it to be fair and reasonable. If the chief of service, after considering the reports of the physicians or qualified psychologists conducting the examination, determines that the patient is no longer mentally ill to the extent that he is likely to injure himself or other persons if not hospitalized, the chief of service shall order the immediate release of the patient. However, if the chief of service, after considering the reports, determines that the patient continues to be mentally ill to the extent that he is likely to injure himself or other persons if not hospitalized, but one or more of the physicians or qualified psychologists participating in the examination reports that the patient is not mentally ill to that extent, the patient may petition the court for an order directing his release. The petition shall be accompanied by the reports of the physicians or qualified psychologists who conducted the examination of the patient."

##### *Temporary Amendments of Section*

Section 16(g)(3) of D.C. Law 14-51 substituted "Department of Mental Health" for "Department of Human Services" throughout the section.

Section 19(b) of D.C. Law 14-51 provides that the act shall expire after 225 days of its having taken effect.

Section 2(u) of D.C. Law 14-131 amended this section to read as follows:

"§ 21-546. Periodic examinations of committed patients; procedure for examination and detention or release; petition to court.

"(a) A person who has been committed for treatment pursuant to section 21-545 or section 21-545.01 shall be monitored by the chief clinical officer or the chief of service for the facility, hospital, or mental health provider to which the person has been committed. In doing so, the chief or service or chief clinical officer shall:

"(1) Arrange for, at least every 90 days from the date on which the order was issued under section 21-545 or section 21-545.01, an examination of the mental health of the committed person by a psychiatrist or qualified psychologist; and

"(2) Promptly consider the reports of the psychiatrists or qualified psychologists conducting the examination, and order the committed person's immediate release from the commitment if the person is no longer mentally ill to the extent that the person is likely to injure himself or other persons if not committed.

"(b) At the conclusion of an examination conducted pursuant to subsection (a)(1) of this section, the psychiatrist or qualified psychologist shall:

(1) Report his opinion as to whether the committed person is mentally ill and, if mentally ill, whether the committed person is likely to injure himself or others if not committed; and

"(2) Determine whether the committed person is being treated in the least restrictive alternative possible and, if not, identify the least restrictive alternative for the committed person at that time.

"(c)(1) Within 180 days from the date on which the order was issued under section 21-545 or section 21-545.01 and at the committed person's own expense, the committed person may have an independent examination conducted by a psychiatrist or qualified psychologist obtained by the committed person. If a committed person who is indigent makes a written request for assistance, the chief clinical officer shall assist the person in obtaining a psychiatrist or qualified psychologist to conduct the independent examination. A psychiatrist or qualified psychologist so obtained by an indigent person shall be compensated for his services out of any unobligated funds of the Department in an amount determined by the Department to be fair and reasonable.

"(2) A psychiatrist or qualified psychologist who conducts an independent examination of the committed person under this subsection shall submit a report that includes his opinion as to whether the committed person is:

"(A) Mentally ill;

"(B) Likely to injure himself or others as a result of mental illness if not committed; and

"(C) Being treated in the least restrictive alternative possible.

"(3) If the psychiatrist or qualified psychologist who conducted the independent examination determines that the committed person is not being treated in the least restrictive alternative possible, he shall identify the least restrictive treatment appropriate for the committed person at that time.

"(d)(1) If the chief clinical officer of the Department or the chief of service for the facility, hospital, or mental health provider, after considering the reports of the psychiatrists or qualified psychologists conducting the examination pursuant to subsection (a)(1) of this section, determines that the committed person continues to be mentally ill to the extent that the person is likely to injure himself or other persons if not committed, but one or more of the psychiatrists or qualified psychologists who conducted independent examinations under subsection (c) of this section reports that the committed person is not mentally ill to that extent, the committed person may petition the court for an order directing the person's release.

"(2) If the reports of the psychiatrists or qualified psychologists who have examined the committed person under subsection (a) or subsection (c) of this section identify less restrictive treatment alternatives for the committed person and the chief clinical officer of the Department or the chief of service for the hospital, facility, or mental health provider does not implement the less restrictive form of treatment within 14 days of receipt of the report, the committed person may petition the court for an order directing the person's release to a less restrictive form of commitment.

"(3) The petition filed with the court under this subsection shall be accompanied by the reports of the psychiatrists or qualified psychologists who conducted the examinations of the committed person, whether on behalf of the Department, hospital, or provider, or on behalf of the committed person."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 16(g)(3) of Department of Mental Health Establishment Emergency Amendment Act of 2001 (D.C. Act 14-55, May 2, 2001, 48 DCR 4390).

For temporary (90 day) amendment of section, see § 16(g)(3) of Department of Mental Health Establishment Congressional Review Emergency Amendment Act of 2001 (D.C. Act 14-101, July 23, 2001, 48 DCR 7123).

For temporary (90 day) amendment of section, see § 116(g)(3) of Mental Health Service Delivery Reform Congressional Review Emergency Act of 2001 (D.C. Act 14-144, October 23, 2001, 48 DCR 9947).

For temporary (90 day) amendment of section, see § 2(u) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(u) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(v) of Mental Health Civil Commitment Emergency Act



of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(v) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For legislative history of D.C. Law 7-104, see Historical and Statutory Notes following § 21-501.

Law 12-81, the "Technical Amendments Act of 1998," was introduced in Council and assigned Bill No. 12-408, which was referred to the Committee of the Whole. The Bill was adopted on first and second readings on November 4, 1997, and December 4, 1997, respectively. Signed by the Mayor on December 22, 1997, it was assigned Act No. 12-246 and transmitted to both Houses of Congress for its review. D.C. Law 12-81 became effective on March 24, 1998.

For D.C. Law 14-51, see notes following § 21-521.

For Law 14-56, see notes following § 21-521.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

#### *References in Text*

Section 21-545.01, referred to in subsecs. (a), (a)(1), and (c)(1), is enacted only upon enactment of certain legislation by the United States Congress.

### **§ 21-547. JUDICIAL DETERMINATION OF PETITION FILED UNDER SECTION 21-546; ORDER; PSYCHIATRISTS AND QUALIFIED PSYCHOLOGISTS AS WITNESSES.**

(a) In considering a petition filed under section 21-546, the court shall consider the testimony of the psychiatrists or qualified psychologists who participated in the examination of the committed person, and the reports of the psychiatrists or qualified psychologists accompanying the petition. After considering the testimony and reports, the court shall either:

- (1) Reject the petition and order the continued commitment of the person; or
- (2) Order the chief clinical officer of the Department or the chief of service for the hospital, facility, or mental health provider to immediately implement the least restrictive treatment or immediately release the committed person from the commitment.

(b) A psychiatrist or qualified psychologist participating in the examination of the committed person shall be a competent and compellable witness at any trial or hearing held pursuant to this chapter.

(Sept. 14, 1965, 79 Stat. 757, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(14), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(w), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-547.

1973 Ed., § 21-547.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-547. Judicial determination of petition filed under section 21-546; order; physicians and qualified psychologists as witnesses."

"In considering a petition filed under section 21-546, the court shall consider the testimony of the physicians or qualified psychologists who participated in the examination of the patient, and the reports of the physicians or qualified psychologists accompanying the petition. After considering the testimony and reports, the court shall either (1) reject the petition and order the continued hospitalization of the patient, or (2) order the chief of service to immediately release the patient. A physician or qualified psychologist participating in the examination shall be a competent and compellable witness at any trial or hearing held pursuant to this chapter."

##### *Temporary Amendments of Section*

Section 2(v) of D.C. Law 14-131 amended this section to read as follows:

"(a) In considering a petition filed under section 21-546, the court shall consider the testimony of the

psychiatrists or qualified psychologists who participated in the examination of the committed person, and the reports of the psychiatrists or qualified psychologists accompanying the petition. After considering the testimony and reports, the court shall either:

"(1) Reject the petition and order the continued commitment of the person; or

"(2) Order the chief clinical officer of the Department or the chief of service for the hospital, facility, or mental health provider to immediately implement the least restrictive treatment or immediately release the committed person from the commitment.

"(b) A psychiatrist or qualified psychologist participating in the examination of the committed person shall be a competent and compellable witness at any trial or hearing held pursuant to this chapter."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(v) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(v) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(w) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(w) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

### **§ 21-548. REQUEST FOR REVOCATION OF OUTPATIENT STATUS; CONFINEMENT PENDING DECISION ON REVOCATION OF OUTPATIENT STATUS; HEARING ON OUTPATIENT REVOCATION PETITION.**

(a) A person who has been committed under section 21-545 or section 21-545.01 and is receiving outpatient treatment may be transferred to a more restrictive treatment setting, including inpatient hospitalization, or a facility certified for emergency observation and diagnosis, pursuant to a court order, after a hearing, upon the court finding, based upon clear and convincing evidence, that:

(1) The person who is committed has failed to comply with a material condition of his outpatient treatment and a more restrictive treatment alternative is required to prevent the person from injuring himself or others; or

(2) There has been a significant change in the mental illness of the person who is committed and a more restrictive treatment alternative is required to prevent the person from injuring himself or others.

(b)(1) If the Department, hospital, facility, or mental health provider providing treatment to a person committed under section 21-545 or section 21-545.01 determines that a committed person who is receiving outpatient treatment is, as a result of mental illness, likely to injure himself or others if he is not immediately detained, the chief clinical officer of the Department, or his designee, or the chief of service of a hospital, facility, or mental health provider, may take the committed person into custody and transfer the person to an inpatient hospital setting or a facility certified for emergency observation and diagnosis, or may request that an officer authorized to make arrests in the District of Columbia take the committed person into custody and transfer the person to an inpatient hospital setting or to a facility certified for emergency observation and diagnosis. If the committed person is hospitalized or detained at a facility not operated by the Department, the chief of service, or his designee, from that hospital or facility shall immediately notify the chief clinical officer for the Department of the admission by telephone.

(2) Within 24 hours of a committed person's transfer from outpatient to inpatient treatment, the Department, the hospital, or the facility certified for emergency observation and diagnosis where the person is detained shall notify the court of:

(A) The committed person's detention and provide the court with a detailed affidavit reciting the circumstances of the person's transfer from outpatient status;

(B) The recent actions of the committed person that brought about the inpatient detention; and

(C) If known, whether the hospital, facility, or the Department has determined whether to seek a revocation of the committed person's outpatient status for a period of more than 5 days.

(3) Within 24 hours of the committed person's transfer to a more restrictive treatment setting, the

hospital or facility shall give the committed person a copy of the notice and affidavit filed with the court as well as written notice of the person's rights to release or to an adversarial judicial hearing. The hospital or facility shall notify the attorney of record of the committed person's hospitalization or transfer to a facility certified for emergency observation and diagnosis and provide the attorney with a copy of the notice and affidavit filed with the court.

(4) The court shall conduct an ex parte review of the notice and affidavit within 24 hours of filing and determine whether the change from outpatient status to inpatient status at a hospital or facility certified for emergency observation and diagnosis is supported by probable cause that the committed person was likely to injure himself or other persons unless immediately hospitalized or transferred to a facility certified for emergency observation and diagnosis. If the court finds that the change in the treatment setting is supported by probable cause, the hospital may detain the committed patient for 5 days from the date of the order. If the court finds that the change in the treatment setting is not supported by probable cause, the court shall order the committed person's immediate release from the hospital or facility certified for emergency observation and diagnosis. The court shall appoint counsel to represent the committed person if it is determined that the attorney of record is no longer available to represent the person about whom a notice of rehospitalization has been filed.

(5) The hospital or facility shall release the committed person at the end of 5 days from the date of the order, unless during that time the hospital, Department, or facility has filed a petition with the court to revoke outpatient treatment. The court shall schedule a hearing on the petition to revoke outpatient treatment within 21 days of the committed person's hospitalization or detention. The court, for good cause, may continue the hearing. At the conclusion of the hearing, if the court finds that inpatient treatment at a hospital or facility certified for emergency observation and diagnosis is the least restrictive treatment alternative available and required to prevent the person from injuring himself or others as a result of mental illness, the hospital or facility may continue to detain the committed person for the remainder of the term of commitment. If the court finds that inpatient treatment at a hospital or facility certified for emergency observation and diagnosis is not supported, the court shall order the committed person's immediate release and return to outpatient status.

(6) The criteria set forth in section 21-526 for determining when the maximum periods of time may be extended shall apply to this section.

(Sept. 14, 1965, 79 Stat. 757, Pub. L. 89-183, § 1; Apr. 4, 2003, D.C. Law 14-283, § 2(x), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-548.

1973 Ed., § 21-548.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-548. Periodic examinations by hospital authorities; release."

"The chief of service of a public or private hospital shall, as often as practicable, but not less often than every six months, examine or cause to be examined each patient admitted to a hospital pursuant to this subchapter and if he determines on the basis of the examination that the conditions which justified the involuntary hospitalization of the patient no longer exist, the chief of service shall immediately release the patient."

##### *Temporary Amendments of Section*

Section 2(w) of D.C. Law 14-131 amended this section to read as follows:

"§ 21-548. Request for revocation of outpatient status; confinement pending decision on revocation of outpatient status; hearing on outpatient revocation petition.

"(a) A person who has been committed under section 21-545 or section 21-545.01 and is receiving outpatient treatment may be transferred to a more restrictive treatment setting, including inpatient hospitalization, pursuant to a court order, after a hearing, upon the court finding, based upon clear and convincing evidence, that:

"(1) The person who is committed has failed to comply with a material condition of his outpatient treatment and a more restrictive treatment alternative is required to prevent the person from injuring himself or others; or

"(2) There has been a significant change in the mental illness of the person who is committed and a more restrictive treatment alternative is required to prevent the person from injuring himself or others.

"(b) If the Department, hospital, facility, or mental health provider providing treatment to a person committed under section 21-545 or section 21-545.01 determines that a committed person who is receiving outpatient treatment is, as a result of mental illness, likely to injure himself or others if he is not immediately detained, the chief clinical officer of the Department or his designee, or the chief of service of a hospital, facility, or mental health provider, may take the committed person into custody and transfer the person to an inpatient hospital

setting. If the committed person is hospitalized at a facility not operated by the Department, the chief of service or his designee from that hospital shall immediately notify the chief clinical officer for the Department of the admission by telephone.

"(1) Within 24 hours of a committed person's transfer from outpatient to inpatient treatment, the Department or the hospital where the person is detained shall notify the court of:

"(A) A committed person's hospitalization and provide the court with a detailed affidavit reciting the circumstances of the person's transfer to inpatient status;

"(B) The recent actions of the committed person that brought about the inpatient detention; and

"(C) If known, whether the hospital or the Department has determined whether to seek a revocation of the committed person's outpatient status for a period of more than 5 days.

"(2) Within 24 hours of the committed person transfer to a more restrictive treatment setting, the hospital shall give the committed person a copy of the notice and affidavit filed with the court as well as written notice of the person's rights to release or to an adversarial judicial hearing. The hospital shall notify the attorney of record of the committed person's hospitalization or transfer to a more restrictive treatment setting and provide the attorney with a copy of the notice and affidavit filed with the court.

"(3) The court shall conduct an ex parte review of the notice and affidavit within 24 hours of filing and determine whether the change from outpatient status to inpatient status is supported by probable cause that the committed person was likely to injure himself or other persons unless immediately hospitalized or transferred to a more restrictive treatment setting. If the court finds that the change in the treatment setting is supported by probable cause, the hospital may detain the committed patient for 5 days from the date of the order. If the court finds that the change in the treatment setting is not supported by probable cause, the court shall order the committed person's immediate release from the hospital. The court shall appoint counsel to represent the committed person if it is determined that the attorney of record is no longer available to represent the person about whom a notice of rehospitalization has been filed.

"(4) The hospital shall release the committed person at the end of 5 days of inpatient treatment, unless during that time the hospital has filed a petition with the court to revoke outpatient treatment. The court shall schedule a hearing on the petition to revoke outpatient treatment within 21 days of the committed person's hospitalization. Upon the request of the committed person, the court, for good cause, may continue the hearing. At the conclusion of the hearing, if the court finds that inpatient treatment is the least restrictive treatment alternative available and required to prevent the person from injuring himself or others as a result of mental illness, the hospital may continue to detain the committed person for the remainder of the term of commitment. If the court finds that inpatient treatment is not supported, the court shall order the committed person's immediate release and return to outpatient status.

"(5) The criteria set forth in section 21-526 for determining when the maximum periods of time may be extended shall apply to this section."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(w) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(w) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(x) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(x) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

#### *References in Text*

Section 21-545.01, referred to in subsec. (a), is enacted only upon enactment of certain legislation by the United States Congress.

## **§ 21-549. PRESERVATION OF OTHER RIGHTS TO RELEASE.**

Nothing in this chapter prohibits a person from exercising a right presently available to him for obtaining release from confinement, including the right to petition for a writ of habeas corpus.

(Sept. 14, 1965, 79 Stat. 757, Pub. L. 89-183, § 1; Apr. 4, 2003, D.C. Law 14-283, § 2(y), 50 DCR 917.)

## *HISTORICAL AND STATUTORY NOTES*

### *Prior Codifications*

1981 Ed., § 21-549.

1973 Ed., § 21-549.

### *Effect of Amendments*

D.C. Law 14-283 substituted "Nothing in this chapter prohibits" for "Sections 21-546 to 21-548 do not prohibit".

### *Temporary Amendments of Section*

Section 2(x) of D.C. Law 14-131 substituted "Nothing in this chapter prohibits" for "Sections 21-546 to 21-548 do not prohibit".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(x) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(x) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(y) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(y) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

### *Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-550. SURETY.**

The court in its discretion may require a petitioner under this subchapter to file an undertaking with surety to be approved by the court in such amount as the court deems proper, conditioned to save harmless the respondent by reason of costs incurred, including attorney's fees, if any, and damages suffered by the respondent, as a result of any action under this subchapter.

(Sept. 14, 1965, 79 Stat. 757, Pub. L. 89-183, § 1.)

## *HISTORICAL AND STATUTORY NOTES*

### *Prior Codifications*

1981 Ed., § 21-550.

1973 Ed., § 21-550.

## **§ 21-551. NONRESIDENTS.**

(a) If a person ordered committed to the Department by the court pursuant to section 21-545 is found by the Commission, subject to a review by the court, not to be a resident of the District of Columbia, and to be a resident of another place, he shall be transferred to the State of his residence if an appropriate institution of that State is willing to accept him. If the person is an indigent, the expense of transferring him, including the traveling expenses of necessary attendants, shall be borne by the District of Columbia.

(b) For the purposes of this section, the term "resident of the District of Columbia" means a person who voluntarily lives in the District of Columbia and has no present intention of removing himself from the District of Columbia. The term "resident of the District of Columbia" does not include persons who live in the District of Columbia solely for a temporary purpose. Residency is not affected by temporary absence from and the subsequent return to the District of Columbia. Residency shall not depend upon the reason that the person entered the District of Columbia, except to the extent that it bears upon whether they are in the District of Columbia for a temporary purpose.

(Sept. 14, 1965, 79 Stat. 757, Pub. L. 89-183, § 1; Apr. 4, 2003, D.C. Law 14-283, § 2(z), 50 DCR 917.)

## *HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-551.

1973 Ed., § 21-551.

*Effect of Amendments*

D.C. Law 14-283, in subsec. (a), substituted "the Department" for "a public hospital"; and rewrote subsec. (b) which had read as follows:

"(b) For the purposes of this section, 'resident of the District of Columbia' means a person who has maintained his principal place of abode in the District of Columbia for more than one year immediately prior to the filing of the petition referred to in subsection (a) of section 21-541."

*Temporary Amendments of Section*

Section 2(y) of D.C. Law 14-131, in subsec. (a), in the first sentence, substituted "the Department" for "a public hospital"; and amended subsec. (b) to read as follows:

"(b) For the purposes of this section, the term "resident of the District of Columbia" means a person who voluntarily lives in the District of Columbia and has no present intention of removing himself from the District of Columbia. The term "resident of the District of Columbia" does not include persons who live in the District of Columbia solely for a temporary purpose. Residency is not affected by temporary absence from and the subsequent return to the District of Columbia. Residency shall not depend upon the reason that the person entered the District of Columbia, except to the extent that it bears upon whether they are in the District of Columbia for a temporary purpose."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(y) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(z) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(y) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(z) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **SUBCHAPTER V. RIGHT TO COMMUNICATION; EXERCISE OF OTHER RIGHTS.**

### **§ 21-561. MAIL PRIVILEGES; CENSORED MAIL; RETURN TO SENDER; VISITING HOURS.**

(a) A person hospitalized in a public or private hospital pursuant to this chapter, or committed under sections 21-545, 21-545.01, or 21-548, may exercise the right to communicate with others as set forth in the Mental Health Consumers' Rights Protection Act of 2001, effective December 18, 2001 (D.C. Law 14-56; D.C. Official Code § 7-1231.01 *et seq.*).

(b) Repealed.

(c) This section does not prohibit the administrator of a hospital from making reasonable rules regarding visitation hours.

(Sept. 14, 1965, 79 Stat. 758, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(15), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(aa), 50 DCR 917.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-561.

1973 Ed., § 21-561.

#### *Effect of Amendments*

D.C. Law 14-283 rewrote subsecs. (a) and (c); and repealed subsec. (b). Prior to amendment, subsecs. (a), (b), and (c) had read as follows:

"(a) A person hospitalized in a public or private hospital pursuant to this chapter may:

"(1) communicate by sealed mail or otherwise with an individual or official agency inside or outside the hospital; and

"(2) receive uncensored mail from his attorney, personal physician, or personal qualified psychologist.

"(b) All incoming mail or communications other than mail or communications referred to in subsection (a) of this section may be read before being delivered to the patient, if the chief of service believes the action is necessary for the medical welfare of the patient who is the intended recipient. Mail or other communication which is not delivered to the patient for whom it is intended shall be immediately returned to the sender.

"(c) This section does not prohibit the administrator from making reasonable rules regarding visitation hours and the use of telephone and telegraph facilities."

#### *Temporary Amendments of Section*

Section 2(z) of D.C. Law 14-131 repealed subsec. (b) and rewrote subsecs. (a) and (c) to read as follows:

"(a) A person hospitalized in a public or private hospital pursuant to this chapter, or committed under sections 21-545, 21-545.01, or 21-548, may exercise the right to communicate with others as set forth in the Mental Health Consumers' Rights Protection Act of 2001, effective December 18, 2001 (D.C. Law 14-56; 48 DCR 7674)."

"(c) This section does not prohibit the administrator of a hospital from making reasonable rules regarding visitation hours."

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(z) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(z) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(aa) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(aa) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *References in Text*

Section 21-545.01, referred to in subsec. (a), is enacted only upon enactment of certain legislation by the United States Congress.

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-562. MEDICAL AND PSYCHIATRIC CARE AND TREATMENT; RECORDS.**

A person detained as an emergency involuntary patient by or committed to the care of the Department, a provider, or a hospital for mental illness shall, during the detention or commitment, be entitled to medical and psychiatric care and treatment. The administrator or director of the Department, a provider, or a hospital shall keep records detailing all medical and psychiatric care and treatment received by a person admitted for treatment as a voluntary, non-protesting, emergency or committed patient under this chapter and the records shall be made available, consistent with the provisions of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*), to the person's attorney, personal physician, or other treatment provider. The records shall be preserved by the administrator or director of the Department, hospital, facility, or mental health provider until the person has been released from treatment, or longer, as required by District of Columbia or federal laws and regulations.

(Sept. 14, 1965, 79 Stat. 758, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(16), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(bb), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-562.

1973 Ed., § 21-562.

*Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:

"§ 21-562. Medical and psychiatric care and treatment; records."

"A person hospitalized in a public hospital for a mental illness shall, during his hospitalization, be entitled to medical and psychiatric care and treatment. The administrator of each public hospital shall keep records detailing all medical and psychiatric care and treatment received by a person hospitalized for a mental illness and the records shall be made available, upon that person's written authorization, to his attorney, personal physician, or personal qualified psychologist. The records shall be preserved by the administrator until the person has been discharged from the hospital."

*Temporary Amendments of Section*

Section 2(aa) of D.C. Law 14-131 amended this section to read as follows:

"A person detained as an emergency involuntary patient by or committed to the care of the Department, a provider, or a hospital for mental illness shall, during the detention or commitment, be entitled to medical and psychiatric care and treatment. The administrator or director of the Department, a provider, or a hospital shall keep records detailing all medical and psychiatric care and treatment received by a person admitted for treatment as a voluntary, non-protesting, emergency or committed patient under this chapter and the records shall be made available, consistent with the provisions of the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; D.C. Official Code § 7-1201.01 *et seq.*), to the person's attorney, personal physician, or other treatment provider. The records shall be preserved by the administrator or director of the Department, hospital, facility, or mental health provider until the person has been released from treatment, or longer, as required by District of Columbia or federal laws and regulations."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(aa) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(aa) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(bb) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(bb) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-563. USE OF RESTRAINTS OR SECLUSION; RECORD OF USE.**

A person who is hospitalized in a public or private hospital pursuant to this chapter has the right to be free from seclusion and restraint of any form that is not medically necessary or that is used as a means of coercion, discipline, convenience, or retaliation by staff, pursuant to the Mental Health Consumers' Rights Protection Act of 2001, effective December 18, 2001 (D.C. Law 14-56; D.C. Official Code § 7-1231.01 *et seq.*).

(Sept. 14, 1965, 79 Stat. 758, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(17), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(cc), 50 DCR 917.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-563.

1973 Ed., § 21-563.

*Effect of Amendments*

D.C. Law 14-283 rewrote the section which had read as follows:



"§ 21-563. Use of mechanical restraints; record of use."

"A mechanical restraint may not be applied to a patient hospitalized in a public or private hospital for a mental illness unless the use of restraint is prescribed by a physician or qualified psychologist. If so prescribed, the restraint shall be removed whenever the condition justifying its use no longer exists. A use of a mechanical restraint, together with the reasons therefor, shall be made a part of the medical record of the patient."

*Temporary Amendments of Section*

Section 2(bb) of D.C. Law 14-131 amended this section to read as follows:

"§ 21-563. Use of restraints or seclusion; record of use.

"A person who is hospitalized in a public or private hospital pursuant to this chapter has the right to be free from seclusion and restraint of any form that is not medically necessary or that is used as a means of coercion, discipline, convenience, or retaliation by staff, pursuant to the Mental Health Consumers' Rights Protection Act of 2001, effective December 18, 2001 (D.C. Law 14-56; 48 DCR 7674)."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(bb) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(bb) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(cc) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(cc) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 48 DCR 2784).

*Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-564. EXERCISE OF PROPERTY AND OTHER RIGHTS; NOTICE OF INABILITY; PERSONS HOSPITALIZED PRIOR TO SEPTEMBER 15, 1964.**

(a) A person admitted or committed for treatment pursuant to this chapter may not, by reason of the admission or treatment, be denied the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, vote, and hold a driver's license, unless the person has been adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity. If the chief clinical officer of the Department or the chief of service for the public or private hospital, facility, or provider in which the committed person is housed is of the opinion that the person is unable to exercise any of the rights referred to in this section, the chief clinical officer or chief of service shall immediately notify the person and the person's attorney, legal guardian, spouse, parents, or other nearest known adult relative, the Superior Court of the District of Columbia, the Commission, and the Mayor of that fact.

(b) A person in the District of Columbia who, by reason of a judicial decree ordering his hospitalization entered prior to September 15, 1964, is considered to be mentally incompetent and is denied the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, vote, or hold a driver's license solely by reason of the decree, shall, upon the expiration of the one-year period immediately following September 15, 1964, be deemed to have been restored to legal capacity unless, within the one-year period, affirmative action is commenced to have the person adjudicated mentally incompetent by a court of competent jurisdiction; provided, however, that in those cases in which a committee has heretofore been appointed and the committee's term has not been terminated by court action, such committee shall continue to act under the supervision of the Superior Court of the District of Columbia under its equity powers.

(Sept. 14, 1965, 79 Stat. 758, Pub. L. 89-183, § 1; July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(3), (4); Mar. 24, 1998, D.C. Law 12-81, § 14(j), 45 DCR 745; Apr. 4, 2003, D.C. Law 14-283, § 2(dd), 50 DCR 917.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-564.

1973 Ed., § 21-564.

#### *Effect of Amendments*

D.C. Law 14-283 rewrote subsec. (a) which had read as follows:

"(a) A patient hospitalized pursuant to this chapter may not by reason of the hospitalization, be denied the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, vote, and hold a driver's license, unless the patient has been adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity. If the chief of service of the public or private hospital in which the patient is hospitalized is of the opinion that the patient is unable to exercise any of the rights referred to in this section, the chief of service shall immediately notify the patient and the patient's attorney, legal guardian, spouse, parents, or other nearest known adult relative, the Superior Court of the District of Columbia, the Commission on Mental Health, and the Mayor of the District of Columbia of that fact."

#### *Temporary Amendments of Section*

Section 2(cc) of D.C. Law 14-131 amended subsec. (a) to read as follows:

"(a) A person admitted or committed for treatment pursuant to this chapter may not, by reason of the admission or treatment, be denied the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, vote, and hold a driver's license, unless the person has been adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity. If the chief clinical officer of the Department or the chief of service for the public or private hospital, facility, or provider in which the committed person is housed is of the opinion that the person is unable to exercise any of the rights referred to in this section, the chief clinical officer or chief of service shall immediately notify the person and the person's attorney, legal guardian, spouse, parents, or other nearest known adult relative, the Superior Court of the District of Columbia, the Commission, and the Mayor of that fact."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(cc) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(cc) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(dd) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(dd) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 48 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 12-81, see Historical and Statutory Notes following § 21-546.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

## **§ 21-565. STATEMENT OF RELEASE AND ADJUDICATION PROCEDURES AND OF OTHER RIGHTS.**

Upon the admission of a person to a hospital under a provision of this chapter, the administrator shall deliver to him, and to his spouse, domestic partner, parents, or other nearest known adult relative, a written statement outlining in simple, nontechnical language all release procedures provided by this chapter, setting out all rights accorded to patients by this chapter, and describing procedures provided by law for adjudication of incompetency and appointment of trustees or committees for the hospitalized person.

(Sept. 14, 1965, 79 Stat. 759, Pub. L. 89-183, § 1; Sept. 12, 2008, D.C. Law 17-231, § 22(e), 55 DCR 6758.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-565.

1973 Ed., § 21-565.

##### *Effect of Amendments*

D.C. Law 17-231 substituted "spouse, domestic partner" for "spouse".

##### *Legislative History of Laws*

For Law 17-231, see notes following § 21-501.

## SUBCHAPTER VI. MISCELLANEOUS PROVISIONS.

### **§ 21-581. PROCEEDINGS INSTITUTED BY MAYOR OF THE DISTRICT OF COLUMBIA.**

Proceedings instituted by the Mayor of the District of Columbia to determine the mental condition of an alleged indigent mentally ill person or a person alleged to be mentally ill, with homicidal or otherwise dangerous tendencies, shall be according to the provisions of subchapter IV of this chapter.

(Sept. 14, 1965, 79 Stat. 759, Pub. L. 89-183, § 1; July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(5)(A); Mar. 24, 1998, D.C. Law 12-81, § 14(k), 45 DCR 745.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-581.

1973 Ed., § 21-581.

##### *Legislative History of Laws*

For legislative history of D.C. Law 12-81, see Historical and Statutory Notes following § 21-546.

### **§ 21-582. PETITIONS, APPLICATIONS, OR CERTIFICATES OF PHYSICIANS OR QUALIFIED PSYCHOLOGISTS.**

(a) A petition, application, or certificate authorized under section 21- 521, section 21-541(a), section 21-545.01, or section 21-548 may not be considered if made by a psychiatrist, physician, or qualified psychologist who:

- (1) Is related by blood, marriage, or domestic partnership to the person about whom the petition, application, or certificate is made;
- (2) Is financially interested in the hospital in which the person is to be detained; or
- (3) Except in the case of psychiatrists, physicians, or qualified psychologists employed by the United States or the District of Columbia, are professionally or officially connected with the hospital or are employed on a contract basis by the Department.

(b) A petition, application, or certificate of a physician or qualified psychologist may not be considered unless it is based on personal observation and examination of the person made by the physician or qualified psychologist not more than 72 hours prior to the making of the petition, application, or certificate. The certificate shall set forth in detail the facts and reasons on which the physician or qualified psychologist based his opinions and conclusions.

(Sept. 14, 1965, 79 Stat. 759, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(18), 30 DCR 5778; Apr. 4, 2003, D.C. Law 14-283, § 2(ee), 50 DCR 917; Sept. 12, 2008, D.C. Law 17-231, § 22(f), 55 DCR 6758.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-582.

1973 Ed., § 21-582.

##### *Effect of Amendments*

D.C. Law 14-283 rewrote subsec. (a); and in subsec. (b), deleted "alleged mentally ill" from the first sentence. Prior to amendment, subsec. (a) had read as follows:

"(a) A petition, application, or certificate authorized under section 21-521 and subsection (a) of section 21-541 may not be considered if made by a physician or qualified psychologist who is related by blood or marriage to the alleged mentally ill person, or who is financially interested in the hospital in which the alleged mentally ill person is to be detained, or, except in the case of physicians or qualified psychologists employed by the United States or the District of Columbia, who are professionally or officially connected with the hospital."

D.C. Law 17-231, in subsec. (a)(1), substituted "blood, marriage, or domestic partnership" for "blood or marriage".

##### *Temporary Amendments of Section*

Section 2(dd) of D.C. Law 14-131 amended subsec. (a) to read as follows:

"(a) A petition, application, or certificate authorized under section 21-521, section 21-541(a), section 21-545.01, or section 21-548 may not be considered if made by a psychiatrist, physician, or qualified psychologist who:

"(1) Is related by blood or marriage to the person about whom the petition, application, or certificate is made;

"(2) Is financially interested in the hospital in which the person is to be detained; or

"(3) Except in the case of psychiatrists, physicians, or qualified psychologists employed by the United States or the District of Columbia, are professionally or officially connected with the hospital."

; and in subsec. (b), in the first sentence, deleted "alleged mentally ill".

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(dd) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(dd) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(ee) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(ee) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

For Law 17-231, see notes following § 21-501.

#### *References in Text*

Section 21-545.01, referred to in subsec. (a), is enacted only upon enactment of certain legislation by the United States Congress.

## **§ 21-583. PHYSICIANS, PSYCHIATRISTS AND QUALIFIED PSYCHOLOGISTS AS WITNESSES.**

A physician, psychiatrist or qualified psychologist making application or conducting an examination under this chapter is a competent and compellable witness at any trial, hearing or other proceeding conducted pursuant to this chapter and the physician- or psychologist-patient privilege is not applicable.

(Sept. 14, 1965, 79 Stat. 760, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(19), 30 DCR 5778.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-583.

1973 Ed., § 21-583.

##### *Legislative History of Laws*

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

## **§ 21-584. WITNESS FEES.**

Witnesses subpoenaed under the provisions of this chapter shall be paid the same fees and mileage as are paid to other witnesses in the court.

(Sept. 14, 1965, 79 Stat. 760, Pub. L. 89-183, § 1; July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(6); Mar. 24, 1998, D.C. Law 12- 81, § 14(l), 45 DCR 745.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-584.

1973 Ed., § 21-584.

*Legislative History of Laws*

For legislative history of D.C. Law 12-81, see Historical and Statutory Notes following § 21-546.

## **§ 21-585. CONFINEMENT IN JAIL PROHIBITED.**

A person apprehended, detained, or hospitalized under any provision of this chapter may not be confined in jail or in a penal or correctional institution.

(Sept. 14, 1965, 79 Stat. 760, Pub. L. 89-183, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-585.

1973 Ed., § 21-585.

## **§ 21-586. FINANCIAL RESPONSIBILITY FOR CARE OF HOSPITALIZED PERSONS; JUDICIAL ENFORCEMENT.**

(a) The father, mother, husband, wife, and adult children of a mentally ill person, if of sufficient ability, and the estate of the mentally ill person, if the estate is sufficient for the purpose, shall pay the cost to the District of Columbia of the mentally ill person's maintenance, including treatment, in a hospital in which the person is hospitalized under this chapter. The Commission on Mental Health shall examine, under oath, the father, mother, husband, wife, and adult children of an alleged mentally ill person whenever those relatives live within the District of Columbia, and ascertain their ability or the ability of the estate to maintain or contribute toward the maintenance of the mentally ill person. The relatives or estate may not be required to pay more than the actual cost to the District of Columbia of maintenance of the alleged mentally ill person.

(b) If a person made liable by subsection (a) of this section for the maintenance of a mentally ill person fails so to provide or pay for the maintenance, the court shall issue to him a citation to show cause why he should not be adjudged to pay a portion or all of the expenses of maintenance of the patient. The citation shall be served at least 10 days before the hearing thereon. If, upon the hearing, it appears to the court that the mentally ill person has not sufficient estate out of which his maintenance may properly be fully met and that he has relatives of the degree referred to in subsection (a) of this section who are parties to the proceedings, and who are able to contribute thereto, the court may make an order requiring payment by the relatives of such sums as it finds that they are reasonably able to pay and as may be necessary to provide for the maintenance and treatment of the mentally ill person. The order shall require the payment of the sums to the District of Columbia treasurer annually, semiannually, quarterly, or monthly as the court directs. The treasurer shall collect the sums due under this section, and turn them into the Treasury of the United States to the credit of the District of Columbia. The order may be enforced against any property of the mentally ill person or of the person liable or undertaking to maintain him in the same way as if it were an order for temporary alimony in a divorce case.

(c) For purposes of this section only, the term "mentally ill person" means a person who has a mental illness, but does not include a person committed to a private or public hospital in the District of Columbia by order of the court in a criminal proceeding.

(Sept. 14, 1965, 79 Stat. 760, Pub. L. 89-183, § 1; Apr. 4, 2003, D.C. Law 14-283, § 2(ff), 50 DCR 917.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-586.

1973 Ed., § 21-586.

*Effect of Amendments*

D.C. Law 14-283 added subsec. (c).

*Temporary Amendments of Section*

Section 2(ee) of D.C. Law 14-131 added subsec. (c) to read as follows:

"(c) For purposes of this section only, the term 'mentally ill person' means a person who has a mental illness, but does not include a person committed to a private or public hospital in the District of Columbia by order of

the court in a criminal proceeding."

Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

*Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(ee) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(ee) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(ff) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) amendment of section, see § 2(ff) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

*Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

For Law 14-283, see notes following § 21-501.

*Miscellaneous Notes*

Law 17-358 amended this section subject to congressional enactment.

## **§ 21-587. VETERANS' ADMINISTRATION AND MILITARY HOSPITAL FACILITIES.**

This chapter does not require the admission of a person to a Veterans' Administration or military hospital facility unless the person is otherwise eligible for care and treatment in the facility.

(Sept. 14, 1965, 79 Stat. 760, Pub. L. 89-183, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-587.

1973 Ed., § 21-587.

## **§ 21-588. FORMS.**

All applications and certificates for the hospitalization of a person in the District of Columbia under this chapter shall be made on forms approved by the Commission on Mental Health and furnished by it.

(Sept. 14, 1965, 79 Stat. 760, Pub. L. 89-183, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-588.

1973 Ed., § 21-588.

## **§ 21-589. PERSONS HOSPITALIZED PRIOR TO SEPTEMBER 15, 1964.**

(a) Subject to subsection (b) of this section, the provisions of sections 21-546 to 21-551, subchapter V of this chapter and sections 21-585 and 21-588 apply to a person, who, on or after January 1, 1966, is a patient in a hospital in the District of Columbia by reason of having been declared insane or of unsound mind pursuant to a court order entered in a noncriminal proceeding prior to September 15, 1964.

(b) A request made by a patient referred to in subsection (a) of this section for an examination authorized by section 21-546 may be made on April 15, 1966, by the patient, or his attorney, legal guardian, spouse, parent, or other nearest adult relative, and not more frequently than every six months thereafter.

(Sept. 14, 1965, 79 Stat. 761, Pub. L. 89-183, § 1.)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-589.

## **§ 21-589.01. INTERIM PROVISIONS FOR TERM OF COMMITMENT.**

(a) The commitment of a person committed under section 21-545 for an indeterminate period of time shall expire 548 days after December 10, 2004, unless the chief clinical officer of the Department, facility, hospital, or mental health provider has petitioned for recommitment of the person.

(b) A petition for recommitment under this section shall be subject to the provisions for a petition for renewal of commitment brought under section 21-545.01 unless the provision is inconsistent with this section.

(c) A petition for recommitment may be filed at any time during the 548-day period, but not later than 60 days prior to the expiration of the 548-day period. For good cause shown, a petition for recommitment may be filed within the last 60 days of the 548-day period.

(d) If a petition for recommitment is pending at the expiration of the 548-day period, the period of commitment shall be extended pending resolution of the petition.

(e) This section shall apply as of July 20, 2005.

(Apr. 4, 2003, D.C. Law 14-283, § 2(gg), 50 DCR 917; Mar. 8, 2007, D.C. Law 16-235, § 2(b), 54 DCR 389.)

### *HISTORICAL AND STATUTORY NOTES*

#### *Effect of Amendments*

D.C. Law 16-235 rewrote the section which had previously read as follows:

"Any person committed for an indeterminate period of time pursuant to section 21-545 prior to January 1, 2003 shall have his commitment terminate no more than 18 months from January 1, 2003 unless the chief clinical officer of the Department, facility, hospital, or mental health provider has petitioned for recommitment under section 21-545.01. The petition for recommitment of those persons who were committed for an indeterminate period of time prior to January 1, 2003 may be filed at any time during the 18-month period, but no later than 60 days prior to the expiration of the period."

#### *Temporary Amendments of Section*

Section 2(b) of D.C. Law 15-199 rewrote the section to read as follows:

"§ 21-589.01. Interim provisions for term of commitment.

"(a) The commitment of a person committed under section 21-545 for an indeterminate period of time shall expire 548 days after the effective date of the federal law enacting section 2(d), (e), (l)(2), (r)(3) and (4), (t), and (u) of the Mental Health Civil Commitment Act of 2002, effective April 4, 2003 (D.C. Law 14-283; 50 DCR 917), unless the chief clinical officer of the Department, facility, hospital, or mental health provider has petitioned for recommitment of the person.

"(b) A petition for recommitment under this section shall be subject to the provisions for a petition for renewal of commitment brought under section 21- 545.01 unless the provision is inconsistent with this section.

"(c) A petition for recommitment may be filed at any time during the 548-day period, but not later than 60 days prior to the expiration of the 548-day period. For good cause shown, a petition for recommitment may be filed within the last 60 days of the 548-day period.

"(d) If a petition for recommitment is pending at the expiration of the 548-day period, the period of commitment shall be extended pending resolution of the petition."

Section 4(b) of D.C. Law 15-199 provides that the act shall expire after 225 days of its having taken effect.

Section 2(b) of D.C. Law 16-182 amended this section to read as follows:

"§ 21-589.01. Interim provisions for term of commitment.

"(a) The commitment of a person committed under section 21-545 for an indeterminate period of time shall expire 548 days after December 10, 2004, unless the chief clinical officer of the Department, facility, hospital, or mental health provider has petitioned for recommitment of the person.

"(b) A petition for recommitment under this section shall be subject to the provisions for a petition for renewal of commitment brought under section 21- 545.01, unless the provision is inconsistent with this section.

"(c) A petition for recommitment may be filed at any time during the 548-day period, but not later than 60 days prior to the expiration of the 548-day period. For good cause shown, a petition for recommitment may be filed within the last 60 days of the 548-day period.

"(d) If a petition for recommitment is pending at the expiration of the 548-day period, the period of commitment shall be extended pending resolution of the petition.

"(e) This section shall apply as of July 20, 2005."

Section 4(b) of D.C. Law 16-182 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) addition of § 21-589.01, see § 2(gg) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) addition of § 21-589.01, see § 2(gg) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Civil Commitment Extension Emergency Act of 2004 (D.C. Act 15-450, June 23, 2004, 51 DCR 6717).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Civil Commitment Extension Congressional Review Emergency Act of 2004 (D.C. Act 15- 526, August 2, 2004, 51 DCR 9140).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Civil Commitment Extension Second Congressional Review Emergency Act of 2004 (D.C. Act 15-557, October 26, 2004, 51 DCR 10372).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Civil Commitment Extension Emergency Act of 2006 (D.C. Act 16-390, June 14, 2006, 53 DCR 4887).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Civil Commitment Extension Congressional Review Emergency Amendment Act of 2006 (D.C. Act 16-478, September 23, 2006, 53 DCR 7936).

#### *Legislative History of Laws*

For Law 14-283, see notes following § 21-501.

Law 15-199, the "Mental Health Civil Commitment Extension Temporary Act of 2004", was introduced in Council and assigned Bill No. 15-856, and was retained by Council. The Bill was adopted on first and second readings on June 1, 2004, and June 29, 2004, respectively. Signed by the Mayor on July 19, 2004, it was assigned Act No. 15-473 and transmitted to both Houses of Congress for its review. D.C. Law 15-199 became effective on December 7, 2004.

Law 16-235, the "Mental Health Civil Commitment Extension Act of 2006", was introduced in Council and assigned Bill No. 16-778, which was referred to Committee on Human Services. The Bill was adopted on first and second readings on November 14, 2006, and December 5, 2006, respectively. Signed by the Mayor on December 28 2006, it was assigned Act No. 16-591 and transmitted to both Houses of Congress for its review. D.C. Law 16-235 became effective on March 8, 2007.

#### *References in Text*

Section 21-545.01, referred to in text, is enacted only upon enactment of certain legislation by the United States Congress.

## **§ 21-590. DISCHARGE AS CURED; RESTORATION TO LEGAL STATUS.[REPEALED]**

(Sept. 14, 1965, 79 Stat. 761, Pub. L. 89-183, § 1; July 29, 1970, 84 Stat. 567, Pub. L. 91-358, title I, § 150(c)(3); Apr. 4, 2003, D.C. Law 14- 283, § 2(hh), 50 DCR 917.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-590.

1973 Ed., § 21-590.

##### *Temporary Amendments of Section*

Section 2(ff) of D.C. Law 14-131 amended this section to read as follows:

"§ 21-590. Persons committed prior to the effective date the Mental Health Commitment Temporary Act of 2002.

"Any person committed for an indeterminate period of time pursuant to section 21-545 prior to the effective date of the Mental Health Commitment Temporary Act of 2002, passed on 2nd reading on February 5, 2002 (Enrolled version of Bill 14-502), shall have his commitment terminate no more than 18 months from the effective date of the Mental Health Commitment Temporary act of 2002 unless the chief clinical officer of the Department, facility, hospital, or mental health provider has petitioned for recommitment under section 21-545.01. The petition for recommitment of those persons who were committed prior to the effective date of the Mental Health Commitment Temporary Act of 2002 may be filed at any time during the 18-month period, but no later than 60 days prior to the expiration of the period."



Section 5(b) of D.C. Law 14-131 provides that the act shall expire after 225 days of its having taken effect.

Section 2(b) of D.C. Law 14-187 amended this section to read as follows:

"§ 21-590. Interim provisions for term of commitment.

"Any person committed for an indeterminate period of time pursuant to section 21-545 shall have his commitment terminate no more than 18 months from January 30, 2002 unless the chief clinical officer of the Department, facility, hospital, or mental health provider has petitioned for recommitment under section 21-545.01. The petition for recommitment of those persons who were committed for an indeterminate period of time pursuant to section 21-545 may be filed at any time during the 18-month period, but no later than 60 days prior to the expiration of the period."

Section 4(b) of D.C. Law 14-187 provides that the act shall expire after 225 days of its having taken effect.

#### *Emergency Act Amendments*

For temporary (90 day) amendment of section, see § 2(ff) of Mental Health Commitment Emergency Amendment Act of 2002 (D.C. Act 14-265, January 30, 2002, 49 DCR 1450).

For temporary (90 day) amendment of section, see § 2(ff) of Mental Health Commitment Congressional Review Emergency Act of 2002 (D.C. Act 14-350, April 24, 2002, 49 DCR 4417).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Commitment Clarification Emergency Act of 2002 (D.C. Act 14-363, May 20, 2002, 49 DCR 5070).

For temporary (90 day) amendment of section, see § 2(b) of Mental Health Commitment Clarification Congressional Review Emergency Act of 2002 (D.C. Act 14-416, July 17, 2002, 49 DCR 7385).

For temporary (90 day) repeal of section, see § 2(hh) of Mental Health Civil Commitment Emergency Act of 2002 (D.C. Act 14-546, December 12, 2002, 50 DCR 199).

For temporary (90 day) repeal of section, see § 2(hh) of Mental Health Civil Commitment Congressional Review Emergency Act of 2003 (D.C. Act 15-41, March 24, 2003, 50 DCR 2784).

#### *Legislative History of Laws*

For Law 14-131, see notes following § 21-501.

Law 14-187, the "Mental Health Commitment Clarification Temporary Act of 2002", was introduced in Council and assigned Bill No. 14-664, and was retained by Council. The Bill was adopted on first and second readings on May 7, 2002, and June 4, 2002, respectively. Signed by the Mayor on June 21, 2002, it was assigned Act No. 14-389 and transmitted to both Houses of Congress for its review. D.C. Law 14-187 became effective on October 1, 2002.

## **§ 21-591. OFFENSES AND PENALTIES.**

Whoever:

(1) without probable cause for believing a person to be mentally ill:

(A) causes or conspires with or assists another person to cause the hospitalization, under this chapter, of the person first referred to; or

(B) executes a petition, application, or certificate pursuant to this chapter, by which he secures or attempts to secure the apprehension, hospitalization, detention, or restraint of the person first referred to;

or

(2) causes or conspires with or assists another person to cause the denial to a person of a right accorded to him by this chapter;

or

(3) being a physician, psychiatrist or qualified psychologist, knowingly makes a false certificate or application pursuant to this chapter as to the mental condition of a person --

shall be fined not more than \$5,000 or imprisoned not more than three years, or both.

(Sept. 14, 1965, 79 Stat. 761, Pub. L. 89-183, § 1; Feb. 24, 1984, D.C. Law 5-48, § 11(a)(20), 30 DCR 5778.)

#### *HISTORICAL AND STATUTORY NOTES*

##### *Prior Codifications*

1981 Ed., § 21-591.

1973 Ed., § 21-591.

For legislative history of D.C. Law 5-48, see Historical and Statutory Notes following § 21-501.

**§ 21-592. RETURN TO HOSPITAL OF AN ESCAPED MENTALLY ILL PERSON.**

When a person has been ordered confined in a hospital or institution for the mentally ill pursuant to this chapter and has left such hospital or institution without authorization or has failed to return as directed, the court which ordered confinement shall, upon the request of the administrator of such hospital or institution, order the return of such person to such hospital or institution.

(July 29, 1970, 84 Stat. 568, Pub. L. 91-358, title I, § 150(c)(7)(A).)

*HISTORICAL AND STATUTORY NOTES*

*Prior Codifications*

1981 Ed., § 21-592.

1973 Ed., § 21-592.