

**BEHAVIORAL HEALTH ADMINISTRATION**

**Catonsville, MD 21228**

**NOTIFICATION OF ELOPEMENT OR ESCAPE**

This form is for reporting the unauthorized absences of patients, both civil and criminally committed (forensic). This is NOT a routine form. Its accurate and swift completing is of utmost interest to the Secretary. Complete questions 1 – 12 for **ALL** patients. In addition, for forensic patients, complete questions 13 – 18. Upon completion of this form, immediately email copies to:

Barbara Bazron, Ph.D. at ([barbara.bazron@maryland.gov](mailto:barbara.bazron@maryland.gov));

John Robison at (john.robison@maryland.gov);

**If forensic patient, also send to:**

Erik Roskes, M.D. at [erik.roskes@maryland.gov](mailto:erik.roskes@maryland.gov); and

Richard Ortega at [richard.ortega@maryland.gov](mailto:richard.ortega@maryland.gov).

1. Reporting Facility: Select One Unit:       Date:

2. Name of Patient:       Date of Birth:

3. Date & time of elopement or escape:       @       Select One

4. Circumstances of elopement or escape *(how the patient exited the building, whether or not patient had grounds privileges, how escorted. Use additional pages if necessary)*:

5. Current admission status:

Certificates (Involuntary)

Voluntary – Adult

Voluntary – Minor

Also on Detainer

NCR

NCR on Hospital Warrant

Pretrial evaluation

Adjudicated incompetent to stand trial under CP §3-106

Admitted from jail or prison on certificates

Juvenile court commitment

Conditional release order, pending placement

Voluntary return from conditional release

6. Date of admission:

**7.** Diagnoses. List all medical/psychiatric diagnoses known to be current during the 30

days prior to escape or elopement (**DO NOT USE CODES!**)

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| --- | --- |
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8. Time-critical medication(s) or treatment(s):

|  |  |  |
| --- | --- | --- |
| **MEDICATION/TREATMENT** | **DOSE** | **FREQUENCY** |
|  |  |  |
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|  |  |  |

9.Does the patient present an imminent danger to self or others as a result of a mental disorder?

No

Yes – Was an emergency petition initiated? Yes No

10. Were police notified of the elopement/escape?

Hospital police Local police  State police

No police were notified (please explain):

11. Was patient’s family/guardian notified?

No  Yes  No known relatives or guardian

12. Media involvement:

Media presently covering case;

Has significant potential for media involvement because of victim, previous media

coverage or VIP status; or

No media involvement.



**FORENSIC PATIENTS ONLY**

13. Committing Court:  District  Circuit County: Select One

14. Sending Detention Center (if applicable):        N/A

15. Patient charged with the following offense(s):        N/A

16. If patient was committed by the court, has he or she been charged with escape under

Criminal Law Article §§9-404 or 9-405, Annotated Code of Maryland?

Yes  No – please explain:

17. If a crime victim has requested notice in writing, has said victim been notified as required by

Criminal Procedure Article, §3-123(d)(7), Annotated Code of Maryland?

Yes  No – please explain:

18. Is the patient a sex offender?

Yes – Registered?  Yes  No  Unknown

No

Unknown

**Required Notifications in the Event of Escape:**

* The detention center where the person on pre-trial commitment resided prior to admission;
* The Office of the State’s Attorney;
* The criminal court which committed the patient to DHMH;
* Defense counsel of record; and
* Police in the jurisdiction where the crime occurred (*may be different than police identified in Question 10*).

**Required Notifications for Escape of Sex Offenders** *(in addition to notifications above)* (*lists should be obtained beforehand for each sex offender patient*):

* Person(s) indicated by the State’s Attorney;
* Witness(es) who testified against defendant in the present case and who have requested notification in writing or who have requested a copy of the offender’s registration statement;
* Any victim, victim’s representative, or guardian of a minor victim who has requested notification in writing, or who has requested a copy of the offender’s registration statement; and
* Local police where registrant resided at the time of the offense.



Name and title of person completing form:

Telephone:       Ext:       E-mail:       @       Date:

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