Effective 5/6/2026

26B-5-332 Involuntary commitment under court order -- Examination -- Hearing -- Power of court -- Findings required -- Costs.

(1) A responsible individual who has credible knowledge of an adult's mental illness and the condition or circumstances that have led to the adult's need to be involuntarily committed may initiate an involuntary commitment court proceeding by filing, in the court in the county where the proposed patient resides or is found, a written application that includes:

(a) unless the court finds that the information is not reasonably available, the proposed patient's:

(i) name;

(ii) date of birth; and

(iii) social security number;

(b)

(i) a certificate of a licensed physician or a designated examiner stating that within the seven-day period immediately preceding the certification, the physician or designated examiner examined the proposed patient and is of the opinion that the proposed patient has a mental illness and should be involuntarily committed; or

(ii) a written statement by the applicant that:

(A) the proposed patient has been requested to, but has refused to, submit to an examination of mental condition by a licensed physician or designated examiner;

(B) is sworn to under oath; and

(C) states the facts upon which the application is based; and

(c) a statement whether the proposed patient has previously been under an assisted outpatient treatment order, if known by the applicant.

(2) Before issuing a judicial order, the court:

(a) shall require the applicant to consult with the appropriate local mental health authority at or before the hearing; and

(b) may direct a mental health professional from the local mental health authority to interview the applicant and the proposed patient to determine the existing facts and report the existing facts to the court.

(3) The court may issue an order, directed to a mental health officer or peace officer, to immediately place a proposed patient in the custody of a local mental health authority or in a temporary emergency facility, as described in Section 26B-5-334, to be detained for the purpose of examination if:

(a) the court finds from the application, any other statements under oath, or any reports from a mental health professional that there is a reasonable basis to believe that the proposed patient has a mental illness that poses a danger to self or others and requires involuntary commitment pending examination and hearing; or

(b) the proposed patient refuses to submit to an interview with a mental health professional as directed by the court or to go to a treatment facility voluntarily.

(4)

(a) The court shall provide notice of commencement of proceedings for involuntary commitment, setting forth the allegations of the application and any reported facts, together with a copy of any official order of detention, to a proposed patient before, or upon, placement of the proposed patient in the custody of a local mental health authority or, with respect to any proposed patient presently in the custody of a local mental health authority whose status is being changed from voluntary to involuntary, upon the filing of an application for that purpose with the court.

(b) The place of detention shall maintain a copy of the order of detention.

(5)
(a) The court shall provide notice of commencement of proceedings for involuntary commitment as soon as practicable to the applicant, any legal guardian, any immediate adult family members, legal counsel for the parties involved, the local mental health authority or the local mental health authority's designee, and any other persons whom the proposed patient or the court designates.
(b) Except as provided in Subsection (5)(c), the notice under Subsection (5)(a) shall advise the persons that a hearing may be held within the time provided by law.
(c) If the proposed patient refuses to permit release of information necessary for provisions of notice under this subsection, the court shall determine the extent of notice.
(6) Proceedings for commitment of an individual under 18 years old to a local mental health authority may be commenced in accordance with Part 4, Commitment of Persons Under Age 18.
(7)
(a) The court may, in the court's discretion, transfer the case to any other district court within this state, if the transfer will not be adverse to the interest of the proposed patient.
(b) If a case is transferred under Subsection (7)(a), the parties to the case may be transferred and the local mental health authority may be substituted in accordance with Utah Rules of Civil Procedure, Rule 25.
(8) Within 24 hours, excluding Saturdays, Sundays, and legal holidays, of the issuance of a judicial order, or after commitment of a proposed patient to a local mental health authority or the local mental health authority's designee under court order for detention or examination, the court shall appoint two designated examiners:
(a) who did not sign the civil commitment application nor the civil commitment certification under Subsection (1);
(b) one of whom is:
(i) a licensed physician; or
(ii) a psychiatric mental health nurse practitioner or a psychiatric mental health clinical nurse specialist who:
(A) is nationally certified;
(B) is doctorally trained; and
(C) has at least two years of inpatient mental health experience, regardless of the license the individual held at the time of that experience; and
(c) one of whom may be designated by the proposed patient or the proposed patient's counsel, if that designated examiner is reasonably available.
(9) The court shall schedule a hearing to be held within 10 calendar days after the day on which the designated examiners are appointed.
(10)
(a) The designated examiners shall conduct the examinations separately.
(b) The designated examiners shall conduct the examinations:
(i) through telehealth unless the designated examiner determines that:
(A) a telehealth examination would not be sufficient to properly assess the proposed patient;
(B) a telehealth examination would have a harmful effect on the proposed patient's health; or
(C) an in-person examination can be conducted as effectively, conveniently, and timely as an examination through telehealth; and
(ii) if the designated examiner determines, in accordance with Subsection (10)(b)(i), that the examination should be conducted in person, at the home of the proposed patient, at a

hospital or other medical facility, or at any other suitable place that is not likely to have a harmful effect on the proposed patient's health.

(c) The designated examiners shall inform the proposed patient, if not represented by an attorney:

(i) that the proposed patient does not have to say anything;

(ii) of the nature and reasons for the examination;

(iii) that the examination was ordered by the court;

(iv) that any information volunteered could form part of the basis for the proposed patient's involuntary commitment;

(v) that findings resulting from the examination will be made available to the court; and

(vi) that the designated examiner may, under court order, obtain the proposed patient's mental health records.

(d) Within 24 hours of examining the proposed patient, a designated examiner shall report to the court, orally or in writing, whether the proposed patient is mentally ill, has agreed to voluntary commitment, as described in Section 26B-5-360, or has acceptable programs available to the proposed patient without court proceedings.

(e) If a designated examiner reports orally under Subsection (10)(d), the designated examiner shall immediately send a written report to the clerk of the court.

(11) If a designated examiner is unable to complete an examination on the first attempt because the proposed patient refuses to submit to the examination, the court shall fix a reasonable compensation to be paid to the examiner.

(12) If the local mental health authority, the local mental health authority's designee, or a medical examiner determines before the court hearing that the conditions justifying the findings leading to a commitment hearing no longer exist, the local mental health authority, the local mental health authority's designee, or the medical examiner shall immediately report the determination to the court.

(13)

(a) The court shall terminate the proceedings and dismiss the application before the hearing if both designated examiners inform the court that the proposed patient does not meet the criteria in Subsection (16).

(b) The court may terminate the proceedings and dismiss the application at any time, including before the hearing, if the designated examiners or the local mental health authority or the local mental health authority's designee informs the court that the proposed patient:

(i) has agreed to voluntary commitment, as described in Section 26B-5-360;

(ii) has acceptable options for treatment programs that are available without court proceedings; or

(iii) meets the criteria for assisted outpatient treatment described in Section 26B-5-351.

(14)

(a) Before the hearing, the court shall provide the proposed patient an opportunity to be represented by counsel, and if neither the proposed patient nor others provide counsel, the court shall appoint counsel and allow counsel sufficient time to consult with the proposed patient before the hearing.

(b) In the case of an indigent proposed patient, the county in which the proposed patient resides or is found shall make payment of reasonable attorney fees for counsel, as determined by the court.

(15)

(a)

(i) The court shall afford the proposed patient, the applicant, and any other person to whom notice is required to be given an opportunity to appear at the hearing, to testify, and to present and cross-examine witnesses.
(ii) The court may, in the court's discretion, receive the testimony of any other person.
(iii) The court may allow a waiver of the proposed patient's right to appear for good cause, which cause shall be set forth in the record, or an informed waiver by the patient, which shall be included in the record.
(b) The court is authorized to exclude any person not necessary for the conduct of the proceedings and may, upon motion of counsel, require the testimony of each designated examiner to be given out of the presence of any other designated examiners.
(c) The court shall:
(i) conduct the hearing in as informal a manner as may be consistent with orderly procedure; and
(ii) while preserving the due process rights of the proposed patient:
(A) conduct the hearing remotely, in accordance with Utah Rules of Civil Procedure, Rule 87, unless the court finds good cause under Rule 87 not to conduct the hearing remotely; or
(B) if the court finds good cause under Rule 87 not to conduct the hearing remotely, conduct the hearing in a physical setting that is not likely to have a harmful effect on the mental health of the proposed patient.
(d) The court shall consider any relevant historical and material information that is offered, subject to the rules of evidence, including reliable hearsay under Utah Rules of Evidence, Rule 1102.
(e)
(i) A local mental health authority or the local mental health authority's designee or the physician in charge of the proposed patient's care shall, at the time of the hearing, provide the court with the following information:
(A) the detention order;
(B) admission notes;
(C) the diagnosis;
(D) any doctors' orders;
(E) progress notes;
(F) nursing notes;
(G) medication records pertaining to the current commitment; and
(H) whether the proposed patient has previously been civilly committed or under an order for assisted outpatient treatment.
(ii) The local mental health authority or the local mental health authority's designee or the physician in charge of the proposed patient's care shall also supply the information described in Subsection (15)(e)(i) to the proposed patient's counsel at the time of the hearing, and at any time prior to the hearing upon request by the proposed patient's counsel.
(16)
(a) The court shall order commitment of an adult proposed patient to a local mental health authority if, upon completion of the hearing and consideration of the information presented, the court finds by clear and convincing evidence that:
(i)
(A) the proposed patient has a mental illness;
(B) because of the proposed patient's mental illness the proposed patient poses a substantial danger to self or others;

(C) the proposed patient lacks the ability to engage in a rational decision-making process regarding the acceptance of mental treatment as demonstrated by evidence of inability to weigh the possible risks of accepting or rejecting treatment;
(D) there is no appropriate less-restrictive alternative to a court order of commitment; and
(E) the local mental health authority can provide the proposed patient with treatment that is adequate and appropriate to the proposed patient's conditions and needs; or

(ii)
(A) the proposed patient has been charged with a criminal offense;
(B) with respect to the charged offense, the proposed patient is found incompetent to proceed as a result of a mental illness;
(C) the proposed patient has a mental illness;
(D) the proposed patient has a persistent unawareness of their mental illness and the negative consequences of that illness, or within the preceding six months has been requested or ordered to undergo mental health treatment but has unreasonably refused to undergo that treatment;
(E) there is no appropriate less-restrictive alternative to a court order of commitment; and
(F) the local mental health authority can provide the proposed patient with treatment that is adequate and appropriate to the proposed patient's conditions and needs.

(b)
(i) If, at the hearing, the court determines that the proposed patient has a mental illness but does not meet the other criteria described in Subsection (16)(a), the court may consider whether the proposed patient meets the criteria for assisted outpatient treatment under Section 26B-5-351.
(ii) The court may order the proposed patient to receive assisted outpatient treatment in accordance with Section 26B-5-351 if, at the hearing, the court finds the proposed patient meets the criteria for assisted outpatient treatment under Section 26B-5-351.
(iii) If the court determines that neither the criteria for commitment under Subsection (16)(a) nor the criteria for assisted outpatient treatment under Section 26B-5-351 are met, the court shall dismiss the proceedings after the hearing.

(17)
(a)
(i) The court shall notify the appropriate mental health authority and the division no later than two business days after the day on which the court enters an order of commitment, including an order to extend the patient's treatment period.
(ii) The order of commitment shall designate the period for which the patient shall be treated.
(iii) If the patient is not under an order of commitment at the time of the hearing, the patient's treatment period may not exceed six months without a review hearing.
(iv) Upon a review hearing, to be commenced before the expiration of the previous order of commitment, an order for commitment may be for an indeterminate period, if the court finds by clear and convincing evidence that the criteria described in Subsection (16) will last for an indeterminate period.

(b)
(i) The court shall maintain a current list of all patients under the court's order of commitment and review the list to determine those patients who have been under an order of commitment for the court designated period.
(ii) At least two weeks before the expiration of the designated period of any order of commitment still in effect, the court that entered the original order of commitment shall

inform the appropriate local mental health authority or the local mental health authority's designee of the expiration.

(iii) Upon receipt of the information described in Subsection (17)(b)(ii), the local mental health authority or the local mental health authority's designee shall immediately reexamine the reasons upon which the order of commitment was based.

(iv) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from involuntary commitment and immediately report the discharge to the court and the division.

(v) If, after reexamination under Subsection (17)(b)(iii), the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).

(c)

(i) The local mental health authority or the local mental health authority's designee responsible for the care of a patient under an order of commitment for an indeterminate period shall, at six-month intervals, reexamine the reasons upon which the order of indeterminate commitment was based.

(ii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment no longer exist, the local mental health authority or the local mental health authority's designee shall discharge the patient from the local mental health authority's or the local mental health authority designee's custody and immediately report the discharge to the court and the division.

(iii) If the local mental health authority or the local mental health authority's designee determines that the conditions justifying commitment continue to exist, the local mental health authority or the local mental health authority's designee shall send a written report of the findings to the court.

(iv) The local mental health authority or the local mental health authority's designee shall notify the patient and the patient's counsel of record in writing that the involuntary commitment will be continued under Subsection (17)(c)(iii), the reasons for the decision to continue, and that the patient has the right to a review hearing by making a request to the court.

(v) Upon receiving a request under Subsection (17)(c)(iv), the court shall immediately appoint two designated examiners and proceed under Subsections (8) through (14).

(18)

(a) Any patient committed as a result of an original hearing or a patient's legally designated representative who is aggrieved by the findings, conclusions, and order of the court entered in the original hearing has the right to a new hearing upon filing a petition with the court within 30 days after the day on which the court entered the order.

(b) The petition shall allege error or mistake in the findings, in which case the court shall appoint three impartial designated examiners previously unrelated to the case to conduct an additional examination of the patient.

(c) Except as provided in Subsection (18)(b), the court shall, in all other respects, conduct the new hearing in the manner otherwise permitted.

(19) The county in which the proposed patient resides or is found shall pay the costs of all proceedings under this section.

(20)

(a) A local mental health authority or the local mental health authority's designee shall provide discharge instructions to each individual committed under this section at or before the time the individual is discharged from the local mental health authority's custody, regardless of the circumstances under which the individual is discharged.

(b) Discharge instructions provided under Subsection (20)(a) shall include:

(i) a safety plan for the individual based on the individual's mental illness or mental or emotional state, if applicable;

(ii) notification to the individual's primary care provider, if applicable;

(iii) if the individual is discharged without food, housing, or economic security, a referral to appropriate services, if such services exist in the individual's community;

(iv) the phone number to call or text for a crisis services hotline, and information about the availability of peer support services;

(v) a copy of any psychiatric advance directive, if applicable;

(vi) information about how to establish a psychiatric advance directive if one has not been completed;

(vii) as applicable, information about medications that were changed or discontinued during the commitment;

(viii) information about how to contact the local mental health authority or established provider as appropriate; and

(ix) information about how to request a copy of the individual's medical record and how to access the electronic patient portal for the individual's medical record.

(c) If an individual's medications were changed, or if an individual was prescribed new medications while committed under this section, discharge instructions provided under Subsection (20)(a) shall include a clinically appropriate supply of medications, as determined by a licensed health care provider, to allow the individual time to access another health care provider or follow-up appointment.

(d) Discharge instructions shall be provided in paper or electronic format based on the individual's preference.

(e) If an individual refuses to accept discharge instructions, the local mental health authority shall document the refusal in the individual's medical record.

(f) If an individual's discharge instructions include referrals to services under Subsection (20)(b)(iii), the local mental health authority shall document those referrals in the individual's medical record.

(g) The local mental health authority shall attempt to follow up with a discharged individual at least 48 hours after discharge, when appropriate, and may use peer support professionals when performing follow-up care or developing a continuing care plan.

(21) If any provision of Subsection (16)(a)(ii) or the application of any provision of Subsection (16)(a)(ii) to any person or circumstance is held invalid by a court with jurisdiction, the remainder of Subsection (16)(a)(ii) shall be given effect without the invalid provision or application. The provisions of Subsection (16)(a)(ii) are severable.

Amended by Chapter 396, 2026 General Session