



## WAIVER OF ADMINISTRATIVE HEARING FOR HOSPITALIZATION OF A MINOR

RE: (Patient Name): \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Part A: MINOR'S RIGHTS ADVISOR STATEMENT:

I, \_\_\_\_\_, certify that:

1. I am informed that the above minor is between 14 and 17 years of age and that the minor's parents, legal guardian, or other person entitled to custody of the minor, has/have applied for minor's admission to ARMC Adolescent Psychiatry Service, an inpatient mental health facility.
2. I have thoroughly explained to the minor the following facts:
  - a. The minor has a right to object to the admission;
  - b. If the minor objects to the admission, he or she is entitled to an Administrative Hearing;
  - c. The minor may waive any objection to admission and be admitted to the facility on the signature of his/her parents/legal guardian, or other responsible person entitled to have custody of the minor, and
  - d. After the minor's rights were explained, as described in No. 2 above, the minor in my presence made a free, voluntary, and intelligent waiver of his/her right to object to placement in an inpatient Mental Health facility.

Signed: \_\_\_\_\_, Minor's Rights Advisor. Date: \_\_\_\_\_

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### PART B: CERTIFICATION OF STATEMENT:

I understand my rights as explained to me by the Minor's Rights Advisor and voluntarily waive my right to a hearing regarding hospital admission.

Patient Signature here: (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

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Patient refused to sign and has requested a Roger 'S' Hearing.

Staff/Minor Rights Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_