

Marchman Data Element Requirements
Ability to afford private counsel
Age
Appointed Attorney Name
Assessing Clinician Credentials
Assessing clinician name
Assessing Clinician Signature
Assessment
Attorney Name
Attorney signature block
Attorney Status
Basis for Order
Behavior history
Behavioral stability poor by hx
Biomedical status
Case Number
County
Cultural, social or spiritual issues
Current charges
Current Medical/psychiatric status
Current substance abuse
Custody Order
Date
Date converted to Baker act
Date discharged
Date of previous allegations by petitioner
Date of previous allegations by respondent
Date of previous instance of self or other harm
Date ordered
Date signed
Date signed by Clinician
Date Signed by Physician
Date to appear
Date Transferred
Description of how respondent has inflicted or is likely to inflict physical harm on self
Description of Petitioner's attempt to get respondent to agree to seek assistance
Description of previous allegations by petitioner
Description of previous allegations by respondent
Description of respondent's refusal
Description of why petitioner made no attempt having respondent seek assistance
Designated Service Provider name

Detox recommended
Diagnosed personality disorder code
Diagnosed personality disorder description
Diagnosis Code
Diagnosis Description
Division
Drug related behavior
Drugs of choice
Evidence of substance abuse impairment
Evidence respondent meets involuntary admission criteria
Facility Address
Facility discharged to
Facility Name
Facility Representative
Facility Transferred to
Family History of Alcohol abuse
Family/relationship issues
Findings and recommendations
Further allegations
Guardian name
Hearing Attendance
Hearing Date
Hearing Time
Impulse control
Indigent Status
Judge Name
Judge Signature
Judicial Assignment
Judicial Order
Legal guardian
Legal Representation Status
Level of Care Determination
Location ordered
Location to appear
Medications
Motivation
Name of Administrator or Designee
Name of agency charged with taking respondent into custody
Order
Other behavior
Other identifiable features
Other issues
Other reason for denial
Other reason for withdrawal
Patient AGE

Patient current living situation
Patient DOB
Patient ethnicity
Patient Gender
Patient Marital status
Patient Name
Pending criminal charges
Pending incapacity
Person Served
Petition date
Petitioner Address
Petitioner Name
Petitioner signature
Physician Name
Physician phone
Physician Signature
Place of Hearing
Previous allegations by petitioner
Previous allegations by respondent
Prior substance abuse or MH Treatment
Private Counsel Status
Reason for Denial
Reason for withdrawal
Recovery Environment
Relapse Potential
Related court cases with petitioner
Related court cases date
Related court cases description
Related court cases explanation
Respondent address
Respondent age
Respondent Attorney name
Respondent Attorney status
Respondent DOB
Respondent eye color
Respondent gender
Respondent hair color
Respondent has refused to submit to an assessment
Respondent height
Respondent Location
Respondent Name
Respondent Race
Respondent refused to voluntarily receive care
Respondent Signature
Respondent weight
Signature of Administrator or Designee

Specific recommendation
Statement of relationship
Statement of relationship status
Statement of respondent losing the power of self control with respect to substance abuse
Statement of respondent's inability to appreciate need for services
Statement of substance abuse impaired - describe
Statement of substance abuse impairment
Substance abuse history
Time
Time known
Time of previous instance of self or other harm
Time signed
Treatment Attitude
Type of Petition
Verification of Petition
Violent now
Violent past
Weapons
Wish to have counsel appointed
Withdrawal risk