Notice of Certification for Intensive Treatment Pursuant to Section 5250 (14 Days Intensive Treatment) or 5270.15 (Additional 30 Days Intensive Treatment for Grave Disability) of the Welfare and Institutions Code

Confidential Patient Information ☐ **14 day hold** ☐ **30 day hold**

The authorized agency providing evaluation services in the County of _____ has evaluated the condition of:

Name: _____

Address: _____

Marital Status: _____ Date of Birth: _____ Sex: _____

We, the undersigned, allege that the above-named person is: (mark all that apply)

☐ A danger to others as a result of a mental health disorder.

☐ A danger to self as a result of a mental health disorder.

☐ Gravely disabled, as defined in subdivision (h) of Section 5008 of the Welfare and Institutions Code, as a result of a ☐ mental health disorder, ☐ severe substance use disorder, ☐ or a co-occurring mental health disorder and severe substance use disorder.

The specific facts which form the basis of our opinion that the above-named person meets one or more of the classifications indicated above are as follows:

_____

_____

The above-named person has been informed of this evaluation, and has been advised of the need for, but has not been able or willing to accept treatment on a voluntary basis, or to accept referral to, the following services:

_____

_____

We, therefore, certify the above-named person to receive intensive treatment related to the mental disorder and/or severe substance use disorder beginning this ___ day of _____, _____, in the intensive treatment facility herein named:

Signature: _____ Date: _____

Signature: _____ Date: _____

I hereby state that I delivered a copy of this notice this day to the above-named person and that I informed them that unless judicial review is requested a certification review hearing will be held within four days of the date on which the person is certified for a period of intensive treatment and that an attorney or advocate will visit them to provide assistance in preparing for the hearing or to answer questions regarding his or her commitment or to provide other assistance. The court has been notified of this certification on this day.

Signature: _____ Date: _____

Original: Superior Court

Copies: Person Certified – Personally delivered
Person's Attorney
Public Defender
District Attorney
Intensive Treatment Facility