

**NOTICE OF CERTIFICATION FOR INTENSIVE
TREATMENT PURSUANT TO SECTION 5250 (14
DAYS INTENSIVE TREATMENT) OR 5270.15
(ADDITIONAL 30 DAYS INTENSIVE TREATMENT)
OF THE WELFARE AND INSTITUTIONS CODE**

**CONFIDENTIAL PATIENT
INFORMATION**

14 day hold - DTO/DTS/GD
 30 day hold - GD ONLY

The authorized agency providing 14-day intensive treatment, County of _____
has custody of:

Name (Preferred Name) _____

Address _____

Marital Status _____ Date of Birth _____ Sex _____

We, the undersigned, allege that the above-named person is, as a result of a mental disorder
or impairment by chronic alcoholism (mark all that apply) (30 day hold is limited to gravely disabled):

- A danger to others A danger to himself or herself Gravely disabled as defined in
subdivision (h) of Section 5008 of
the Welfare and Institutions Code

The specific facts which form the basis for 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 or impairment by chronic alcoholism beginning this ___ day of _____, 20___ and
ending this ___ day of _____, 20 ___, in the intensive treatment facility herein named:

Signature/Print: _____ Date: _____

Signature/Print: _____ Date: _____

I hereby state that I delivered a copy of this notice this day to the above-named person and that
I informed him or her 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 him or her 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: _____ Time Served: _____

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