

**Application for up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment** **Confidential Client/Patient Information**

**Welfare and Institutions Code (W&I Code), section 5150(g)(1)**, requires that each person, at the time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing.

<input type="checkbox"/> Complete Advisement	<input type="checkbox"/> Incomplete Advisement	Good Cause for Incomplete Advisement:
Date of Advisement/Attempt: _____		

**Detainment Advisement**

My name is \_\_\_\_\_. I am a (peace officer/behavioral health professional) with (name of agency). You are not under criminal arrest, but I am taking you for examination by behavioral health professionals at (name of facility).  
 You will be told your rights by the behavioral health staff.

**If taken into custody at their residence, the person shall also be told the following:**

You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken

Advisement Completed/Attempted By:	Position:	Language or Modality Used:
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**To** (name of 5150 designated facility): \_\_\_\_\_  
 Application is hereby made for the assessment and evaluation of \_\_\_\_\_,  
 date of birth \_\_\_\_\_, and residing at \_\_\_\_\_,  
 California, for up to 72-hour assessment, evaluation, and crisis intervention, or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code. **Detainment Start Date:** \_\_\_\_\_ **Detainment Start Time:** \_\_\_\_\_  
 (The 72-hour period begins at the time when the person is first detained.)

If the authorization for voluntary treatment is not available for a minor/conservatee, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservatee: (name & contact information, if available)

(Check one):  Parent(s)  Legal Guardian(s)  Conservator  Other: \_\_\_\_\_

Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court:

(Check one):  W&I Code 300 (dependent)  W&I Code 601, 602 (ward)

The detained person's condition was called to my attention under the following circumstances:

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Specific facts that I have considered that lead me to believe that this person is a danger to self or others as a result of a mental health disorder or gravely disabled as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder:

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**Please Note: A copy of this application shall be treated as the original.**

I have considered the historical course of the person’s mental health disorder, severe substance use disorder, or co-occurring mental health disorder and a severe substance use disorder, as follows:

No reasonable bearing on the determination  No information because: \_\_\_\_\_

**Optional Information**

History Provided by (Name)	Address	Phone Number	Relation

- Based upon the above information, there is probable cause to believe that said person is a:
- Danger to Self (DTS) as a result of a mental health disorder.
  - Danger to Others (DTO) as a result of a mental health disorder.
  - Gravely disabled adult as a result of a mental health disorder, severe substance use disorder, or co-occurring mental health disorder and severe substance use disorder (as defined in W&I Code section 5008(h)).
  - Gravely disabled minor as a result of a mental health disorder (as defined in W&I Code section 5585.25).

**Notifications to be Provided Pursuant to Section 5152.1 and/or 8102 of the W&I Code**

Notify behavioral health director/designee: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 and peace officer/designee: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone) of

Person’s release or end of detention if either of the boxes below are checked.

**Notification of person’s release is requested by the referring peace officer because:**

- The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.
- Weapon was confiscated pursuant to W&I Code Section 8102.

Signature, title, and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Name of Law Enforcement Agency or Evaluation Facility/Person:

Address:		City:	State:	Zip Code:
Name:	Title:	Badge Number:	Phone:	
Signature:		Date:	Time:	

**References**

**Welfare and Institutions Code**

**Sections:** 300, 601, 602, 5008, 5122, 5150, 5150.05, 5152.1, 5328, 5350, 5354, 5585.25, 5585.50, 8102

**Individual Detained:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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