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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <p><b>APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT</b></p> <p><i>Pursuant to W&amp;I Code 5150, 5585, Penal Code 4011.6 &amp; Senate Bill 43 (SB43)</i></p> <p style="text-align: center;"><i>Confidential Client/Patient Information</i></p> <p>See California Welfare and Institutions Code (W &amp; I) Code, Section 5328 &amp; HIPAA Privacy Rule 45 C.F.R. § 164.508</p> <p><b>Welfare and Institutions Code (W&amp;I Code), Section 5150(g)</b>, requires that each person, when first detained for psychiatric evaluation, be given certain specific information orally and a record be kept of the advisement by the evaluating facility.</p> |                       | <p style="text-align: center;"><b>DETAINMENT ADVISEMENT</b></p> <p>My name is _____.<br/>I am a (mental health professional/peace officer, etc.) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility).</p> <p>You will be told your rights by the mental health staff.</p> <p><i>If taken into custody at his or her residence, the person shall also be told the following information:</i></p> <p>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 can make a phone call and leave a note to tell your friends or family where you have been taken.</p> |                                 |
| <p> <input type="checkbox"/> <b>Advisement Complete</b> <input type="checkbox"/> <b>Advisement Incomplete</b> </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | <p>Good Cause For Incomplete Advisement _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |
| <p>Advisement Completed By/Attempted By _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Position _____</p> | <p>Language or Modality Used _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Date of Advisement _____</p> |

**FACILITY INFORMATION**

Do not leave blank or write "Any LPS Designated Facility." You may line through and initial if facility name changes.

**To (Name of 5150 Designated Facility)** \_\_\_\_\_  
The 72-hour period begins at the time when the person is first detained.

**Detainment Start Date:** \_\_\_\_\_ **Detainment Start Time:** \_\_\_\_\_ Military hours or ☐ AM ☐ PM

**City** where this current evaluation for 5150 is taking place: \_\_\_\_\_

If medical clearance is needed, check below and please transport to the **NEAREST Emergency Department** near City listed above.

☐ **Medical Clearance Necessary – Name of Medical Facility Transferred to:** \_\_\_\_\_

Application is hereby made for the assessment and evaluation of (name of person) \_\_\_\_\_  
If homeless, check here ☐ and indicate city of residence below.

Date of Birth \_\_\_\_\_. 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), Section 5585 et seq. (minor), of the W&I Code and Penal Code 4011.6 (person in custody). If a minor, authorization for voluntary treatment is not available and to the best of my knowledge, the legally responsible party appears to be/is: (Check one, if applicable)

☐ Parent; ☐ Legal Guardian; ☐ Juvenile Court under W&I Code 300; ☐ Juvenile Court under W&I Code 601/602; ☐ Conservator. If known, provide name(s), address and telephone number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have probable cause to believe that the person, as a result of a mental health disorder, is a danger to self, and/or a danger to others, and/or is gravely disabled as a result of a mental health disorder and/or severe substance use disorder. State the specific facts, including any historical course of the person's mental health disorder and/or severe substance use disorder, that has a bearing on this probable cause determination:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I have considered the historical course of the person's mental disorder. ☐ Historical Course has no reasonable bearing on determination.

☐ No Info Available on historical course because: \_\_\_\_\_

Voluntary treatment is not available/not a viable option due to: \_\_\_\_\_

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS  
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**

Name of Detained Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HOLD CRITERIA**

Based upon the specific facts provided in narrative, there is probable cause to believe that detained person is a (check all that apply):

- ☐ **Danger to Self, as a result of a mental health disorder.**  
☐ **Danger to Others, as a result of a mental health disorder.**  
☐ **Gravely disabled minor, as a result of a mental health disorder.**  
☐ **Gravely disabled adult, as a result of: (check all that apply) ☐ mental health disorder ☐ severe substance use disorder.**

**AUTHORIZED PERSON INFO**

Signature, title, and badge number of peace officer, professional person in charge or 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.

|                 |                    |                                                             |        |
|-----------------|--------------------|-------------------------------------------------------------|--------|
| Signature:      |                    | Date:                                                       | Phone: |
| Print Name:     |                    | Name of Law Enforcement Agency/ Evaluation Facility/Person: |        |
| Position Title: | Badge/ Employee #: | Address:                                                    |        |

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhealth.org or fax 951-351-8027.**NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY**

Notify the following peace officer if the detained person will be released:

|                            |       |        |
|----------------------------|-------|--------|
| Officer Name (Print name): | Unit: | Phone: |
|----------------------------|-------|--------|

**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 Section 8102 W&I Code. Upon release, facility is required to provide notice to the person regarding the procedure to obtain return of any confiscated firearm pursuant to Section 8102 W&I Code.

**Note:** The section below is only for documenting the interruption of a 5150 hold, if later applicable.**INTERRUPTION OF 5150 HOLD**

Anyone authorized to write a 5150 may end the hold before transfer to a LPS designated facility, with supervisor consultation, if they determine the person no longer meets 5150 criteria or is willing and able to accept voluntary treatment.

**If 5150 hold was interrupted prior to transport to a LPS designated facility, check here:** ☐ **5150 Hold Interrupted**

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| Interrupted by (Print name): | Date of Interruption:                                                                           |
| Signature:                   | Time of Interruption: Military hours or <input type="checkbox"/> AM <input type="checkbox"/> PM |

Procedure: complete section above then put a line through both pages of 5150 hold, crossing it out, and send with supporting documentation to LPS 5150 Department at 5150@ruhealth.org or fax 951-351-8027.**REFERENCES****Referenced Form:** DHCS 1801 Form (rev 6/2024)**Welfare & Institutions Code Sections:** 300, 601, 602, 5008, 5122, 5150, 5150.05, 5152.1, 5328, 5350, 5354, 5585.25, 5585.50, 8102  
**Senate Bill 43:** SB43 expands California's LPS 5150 criteria for involuntary detention for grave disability to a condition in which a person, as result of a mental health disorder, and/or severe substance use disorder, is unable to provide for their basic needs of food, clothing, shelter, personal safety or necessary medical care.**California Penal Code 4011.6:** A person in custody at a jail or juvenile detention facility, who has a mental health disorder, may be taken to a facility for 72-hour treatment and evaluation pursuant to Section 5150 of the Welfare and Institutions Code.