Riverside University Health System- Behavioral Health *Only if hold discontinued, Date:* _____ *Time:* _____ *Signature:*_____

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

Pursuant to W&I Code 5150, 5585 & Penal Code 4011.6

Confidential Client/Patient Information
See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

*SAMPLE ONLY (DTS)

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), 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.

☑ **Advisement Complete** ☐ **Advisement Incomplete**

Good Cause For Incomplete Advisement

DETAINMENT ADVISEMENT

My name is James Smith.
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).

You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information:

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.

Advisement Completed By	Position	Language or Modality Used	Date of Advisement
James Smith	RN II	Spanish	06/30/2025

Do not leave blank. Do not write "Any LPS Designated Facility." You are required to specify the facility. You may line through and initial if facility name is changed.

To (name of 5150 designated facility) **Riverside County- ETS, ITF**

Application is hereby made for the assessment and evaluation of (name of person) **Casey Jones**
If homeless, indicate city of residence.

Date of Birth 01/01/10. Residing at **5254 Arlington Ave, Riverside**, 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: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number: Ana Smith/Mother, 951-358-4544

The above person's condition was called to my attention under the following circumstances:
Casey's mother Ana Smith contacted this writer yesterday stating that Casey was in the Emergency Department after cutting her arms. Casey informed her mother that she has been cutting for the past couple of months. Casey has been in treatment for 2 years and has a diagnosis of Post Traumatic Stress Disorder.

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to self, or a danger to others, or gravely disabled because (state specific facts; if historical course of the person's mental disorder was considered, state specific facts how history has a bearing on determination): **Due to symptoms of flashbacks, nightmares and hypervigilance, Casey has been cutting 1-2 times per day to manage symptoms. She reports that recent relationship has led to increase in symptoms and cutting is only way for her to manage symptoms. Casey cut deep enough to require stitches and was found by mother bleeding. Casey states that she will continue to cut herself because "it makes it feel better".**

☑ I have considered the historical course of the person's mental disorder. ☐ No reasonable bearing on determination. ☐ No Info Available
(**If applicable,** state the name, address, phone number, and relation of person(s) who provided evidence of historical course. If no information is available, state the reason below):
Gathered information from client's electronic medical record. Ana Smith (mother), address same as client, 951-358-4544

Do not leave blank. You are required to indicate reason voluntary treatment is not a viable option.
Voluntary treatment is not available/not a viable option due to: Casey refusing safety planning and refusing voluntary treatment.

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:
☑ **A danger to self.** ☐ **A danger to others.** ☐ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

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: James Smith Position Title: RN II

Date: **06/30/2025**
Time: **2:25** Military hrs or ☐ AM ☑ PM

Phone: 951-358-4840

Print Name: James Smith
Badge/Employee #: 123456

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Children's Treatment Services
3125 Myers Ave
Riverside, CA 92503

Penal Code 4011.6 only
Date and time person no longer in custody:
Date:
Time:

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #) _____

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.

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS

Riverside University Health System- Behavioral Health *Only if hold discontinued, Date:* _____ *Time:* _____ *Signature:*_____

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

Pursuant to W&I Code 5150, 5585 & Penal Code 4011.6

Confidential Client/Patient Information

See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), 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.

☑ **Advisement Complete** ☐ **Advisement Incomplete**

Good Cause For Incomplete Advisement

DETAINMENT ADVISEMENT

My name is Jane Smith.
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).

You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information:

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.

Advisement Completed By	Position	Language or Modality Used	Date of Advisement
Jane Smith	LCSW	English	06/30/2025

Do not leave blank. Do not write "Any LPS Designated Facility." You are required to specify the facility. You may line through and initial if facility name is changed.

To (name of 5150 designated facility) **Riverside County- ETS, ITF**

Application is hereby made for the assessment and evaluation of (name of person) **Alex Smith**
If homeless, indicate city of residence.

Date of Birth 06/28/84. Residing at **4000 Orange St, Riverside, 92501**, 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: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number: _____

The above person's condition was called to my attention under the following circumstances:
Alex was placed in a safety cell at 9:35pm after assaulting his cellmate, yelling "I won't let you hurt them", as he punched and kicked his cellmate. Alex previously has refused medication for past 2 days and upon arrest exhibited delusions that his neighbors were buying babies to sacrifice.

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to self, or a danger to others, or gravely disabled because (state specific facts; if historical course of the person's mental disorder was considered, state specific facts how history has a bearing on determination):
Alex reports audio hallucinations saying cellmate is helping former neighbors sell babies for sacrifice and also experiences delusions as he believes guards may be helping. These symptoms resulting in physically assaulting (punching/kicking) cellmate. Alex continues to present with erratic and unpredictable behavior due to delusions.

☑ I have considered the historical course of the person's mental disorder. ☐ No reasonable bearing on determination. ☐ No Info Available
(**If applicable,** state the name, address, phone number, and relation of person(s) who provided evidence of historical course. If no information is available, state the reason below):
Gathered information from client's electronic medical record.

Do not leave blank. You are required to indicate reason voluntary treatment is not a viable option.
Voluntary treatment is not available/not a viable option due to: Alex refused voluntary treatment.

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:
☐ **A danger to self.** ☑ **A danger to others.** ☐ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

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: Jane Smith Position Title: LCSW

Date: **06/30/2025**
Time: **12:10**
Military hrs or ☐ AM ☑ PM

Phone: 951-955-4812

Print Name: Jane Smith
Badge/Employee #: 123456

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Robert Presley Detention Center
4000 Orange Street
Riverside, CA 92501

Penal Code 4011.6 only
Date and time person no longer in custody:
Date:
Time:

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #) _____

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.

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS

Riverside University Health System- Behavioral Health *Only if hold discontinued, Date:* _____ *Time:* _____ *Signature:*_____

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

Pursuant to W&I Code 5150, 5585 & Penal Code 4011.6

SAMPLE ONLY (GJ)

Confidential Client/Patient Information
See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy Rule 45 C.F.R. § 164.508

Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), 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.

☐ **Advisement Complete** ☑ **Advisement Incomplete**

Good Cause For Incomplete Advisement
Client turned away from staff and walked away

Advisement Completed By	Position	Language or Modality Used	Date of Advisement
James Smith	RN IV		

DETAINMENT ADVISEMENT

My name is _____.
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).

You will be told your rights by the mental health staff.

If taken into custody at his or her residence, the person shall also be told the following information:

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.

Do not leave blank. Do not write "Any LPS Designated Facility." You are required to specify the facility. You may line through and initial if facility name is changed.

To (name of 5150 designated facility) **Riverside County- ETS, ITF**

Application is hereby made for the assessment and evaluation of (name of person) **Taylor Brown**
If homeless, indicate city of residence.

Date of Birth 01/01/70. Residing at **Homeless in Riverside**, 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: (Circle one) Parent; Legal Guardian; Juvenile Court under W&I Code 300; Juvenile Court under W&I Code 601/602; Conservator. If known, provide names, address and telephone number: _____

The above person's condition was called to my attention under the following circumstances:
Taylor came to the clinic requesting money for food and a consult was requested as Taylor has access to food at Board and Care. Taylor was observed responding to auditory hallucinations. He has been hospitalized 4 times in the past 3 years for grave disability, refusing to eat due to paranoid ideation of being poisoned and refusal to use shelter.

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to self, or a danger to others, or gravely disabled because (state specific facts; if historical course of the person's mental disorder was considered, state specific facts how history has a bearing on determination): **Taylor is gravely disabled due to symptoms of paranoid ideation that Board and Care staff are poisoning him and command auditory hallucinations telling him not to eat. Taylor states that he eat 2 pieces of fruit and drank coffee 5 days ago, and is currently refusing food when offered by staff. Taylor refused to return to Board and Care and refused to utilize any other shelter options.**

☑ I have considered the historical course of the person's mental disorder. ☐ No reasonable bearing on determination. ☐ No Info Available
(**If applicable,** state the name, address, phone number, and relation of person(s) who provided evidence of historical course. If no information is available, state the reason below):
Review of electronic health records.

Do not leave blank. You are required to indicate reason voluntary treatment is not a viable option.
Voluntary treatment is not available/not a viable option due to: Taylor denies any problems and refuses voluntary treatment.

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:
☐ **A danger to self.** ☐ **A danger to others.** ☑ **Gravely disabled adult.** ☐ **Gravely disabled minor.**

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: James Smith Position Title: RN IV

Date: **06/30/2025**
Time: **3:45** Military hrs or ☐ AM ☑ PM

Phone: 951-358-4705

Print Name: James Smith
Badge/Employee #: 123456

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Blaine Street Clinic
769 Blaine St, Suite B
Riverside, CA 92507

Penal Code 4011.6 only
Date and time person no longer in custody:
Date:
Time:

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

Notify (officer/unit & telephone #) _____

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.

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS