

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

Pursuant to W&I Code 5150, 5585, Penal Code 4011.6 & Senate Bill 43 (SB43)

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(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

Advisement Completed By/Attempted By
Adam SmithPosition
Police Officer**DETAINMENT ADVISEMENT**My name is Officer 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.Language or Modality Used
EnglishDate of Advisement
1/4/2026**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) Riverside County- ETS, ITF

The 72-hour period begins at the time when the person is first detained.

Detainment Start Date: 1/4/2026Detainment Start Time: 1535Military hours or ☐ AM ☐ PMCity where this current evaluation for 5150 is taking place: Riverside

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:** Riverside Community HospitalApplication is hereby made for the assessment and evaluation of (name of person) John JohnsonIf homeless, check here ☐ and indicate city of residence below.Date of Birth 08/23/1975. Residing at 1234 W. First 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: (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:**

Responded to dispatch to above residence reference subject attempting to overdose. 911 call was made by subject's wife.

**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:**John was sitting on his sofa when I arrived. He stated he "does not want to live anymore". He stated that he has been depressed
for weeks and now that he lost his job he cannot take care of his family and has no reason to live. Wife said he took a handful of
Benadryl pills and locked himself in the bathroom for about 30 minutes before she called 911.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: John refused.

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**Name of Detained Person: John JohnsonDate of Birth: 08/23/1975**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: <u>Adam Smith</u>		Date: <u>1/4/2026</u>	Phone: <u>951-354-2007</u>
Print Name: <u>Adam Smith</u>		Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>Riverside Police Department</u>	
Position Title: <u>Police Officer</u>	Badge/ Employee #: <u>12345</u>	Address: <u>4102 Orange St, Riverside, CA 92501</u>	

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:
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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.

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

Pursuant to W&I Code 5150, 5585, Penal Code 4011.6 & Senate Bill 43 (SB43)

Confidential Client/Patient Information

See California Welfare and Institutions Code (W & I) Code Section 5328 & HIPAA Privacy
Rule 45 C.F.R. § 164.506**Welfare and Institutions Code (W&I Code), Section 5150(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

Advisement Completed By/Attempted By
Dan JamesPosition
Deputy**DETAINMENT ADVISEMENT**My name is Deputy James.
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.Language or Modality Used
SpanishDate of Advisement
1/4/2026**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) Telecare CSU/PHF

The 72-hour period begins at the time when the person is first detained.

Detainment Start Date: 1/4/2026Detainment Start Time: 0130Military hours or ☐ AM ☐ PMCity where this current evaluation for 5150 is taking place: La Quinta

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:** John F. Kennedy Memorial HospitalApplication is hereby made for the assessment and evaluation of (name of person) Roy GarciaIf homeless, check here ☐ and indicate city of residence below.Date of Birth 05/18/1975. Residing at 6789 S. Eisenhower Rd, La Quinta, 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:**Responded to 911 call from subject's wife, reference subject screaming and threatening to kill her. Wife stated her husband has
mental problems and is not taking his medication.**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:**

Roy has schizophrenia and is not taking his medication. He said he will not take meds because "they are trying to control me".

He stated "she is trying to control me" pointing at his wife. He is disorganized, not making sense, and believes others are watching
him. His wife stated he threatened her with a knife and was yelling "you can't control me".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: Roy refused.

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**Name of Detained Person: Deputy JamesDate of Birth: 05/18/1975**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: <u>Dan James</u>		Date: <u>1/4/2026</u>	Phone: <u>760-863-8990</u>
Print Name: <u>Dan James</u>		Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>Riverside County Sheriff Department</u>	
Position Title: <u>Deputy</u>	Badge/ Employee #: <u>12345</u>	Address: <u>86-625 Airport Blvd, Thermal, CA 92274</u>	

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:
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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.

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

Pursuant to W&I Code 5150, Penal Code 4011.6 & Senate Bill 43 (SB43)

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(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

Advisement Completed By/Attempted By
Art LopezPosition
Sheriff Deputy

DETAINMENT ADVISEMENT

My name is Art Lopez.
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.

Language or Modality Used
EnglishDate of Advisement
1/4/2026

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) Riverside County- ETS, ITF

The 72-hour period begins at the time when the person is first detained.

Detainment Start Date: 1/4/2026Detainment Start Time: 1018Military hours or ☐ AM ☐ PMCity where this current evaluation for 5150 is taking place: Jurupa Valley

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: Riverside Community HospitalApplication is hereby made for the assessment and evaluation of (name of person) Jonathan SmithIf homeless, check here ☐ and indicate city of residence below.

Date of Birth 05/09/1980. Residing at 5557 Pedley Rd, Jurupa Valley, 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:

Dispatched to Mr. Smith's home after several 911 calls reporting that neighbors heard gunshots coming from the residence.

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:

Mr. Smith was in his backyard yelling "I'm going to kill all of you" while waving a handgun. When approached Mr. Smith stated that he was tired of his neighbors spying on him and being controlled by them. He appeared agitated and was responding to internal stimuli. Mr. Smith agreed to place the gun down, and the weapon was safely secured by deputy.

☐ 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: Mr. Smith was unable to provide information about mental health history.

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: Jonathan SmithDate of Birth: 05/09/1980**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: <i>Art Lopez</i>	Date: 1/4/2026	Phone: 951-955-2600
Print Name: Art Lopez	Name of Law Enforcement Agency/ Evaluation Facility/Person: Jurupa Valley Station	
Position Title: Deputy	Badge/ Employee #: 12345	Address: 7477 Mission Blvd, Jurupa Valley, CA 92509

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): Art Lopez	Unit: Sherrif Deputy	Phone: 951-955-2600
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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.

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

Pursuant to W&I Code 5150, 5585, Penal Code 4011.6 & Senate Bill 43 (SB 43)

Confidential Client/Patient Information

See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy
Rule 45 C.F.R. § 164.508Welfare and Institutions Code (W & I) Code, Section 5150(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

Advisement Completed By/Attempted By
Joe MartinezPosition
Sheriff Deputy**DETAINMENT ADVISEMENT**My name is Joe Martinez.
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.Language or Modality Used
EnglishDate of Advisement
1/4/2026**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) Riverside County- ETS, ITF

The 72-hour period begins at the time when the person is first detained.

Detainment Start Date: 1/4/2026Detainment Start Time: 1425Military hours or ☐ AM ☐ PMCity where this current evaluation for 5150 is taking place: Jurupa Valley

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: Riverside Community HospitalApplication is hereby made for the assessment and evaluation of (name of person) Rosie JonesIf homeless, check here ☒ and indicate city of residence below.Date of Birth 01/05/1988. Residing at Jurupa Valley, 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:**

Dispatched to shopping center in reference to subject shouting at customers and running into traffic.

**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:**Ms. Jones appeared confused and disoriented. She babbled nonsensically about bugs trying to eat her. She appeared
malnourished and was not properly dressed for the cold weather (wearing only a thin t-shirt and shorts). She was unable to tell
me when was the last time she eat, and refused food when offered saying "you are trying to kill me".☐ 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: Ms. Jones was unable to provide contact information.Voluntary treatment is not available/not a viable option due to: Ms. Jones is confused and cannot navigate voluntary services.

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**Name of Detained Person: Rosie JonesDate of Birth: 01/05/1988**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: <u>Joe Martinez</u>	Date: <u>1/4/2026</u>	Phone: <u>951-955-2600</u>
Print Name: <u>Joe Martinez</u>	Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>Jurupa Valley Station</u>	
Position Title: <u>Deputy Sheriff</u>	Badge/ Employee #: <u>12345</u>	Address: <u>7477 Mission Blvd, Jurupa Valley, CA 92509</u>

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:
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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.

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

Pursuant to W&I Code 5150, 5585, Penal Code 4011.6 & Senate Bill 43 (SB43)

Confidential Client/Patient InformationSee California Welfare and Institutions Code (W&I) Code, Section 5328 & HIPAA Privacy
Rule 45 C.F.R. § 164.508Welfare and Institutions Code (W&I Code) Section 5150(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

Advisement Completed By/Attempted By
Joe MartinezPosition
Sheriff Deputy**DETAINMENT ADVISEMENT**My name is Joe Martinez.
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.Language or Modality Used
EnglishDate of Advisement
1/4/2026**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) Riverside County- ETS, ITF

The 72-hour period begins at the time when the person is first detained.

Detainment Start Date: 1/4/2026Detainment Start Time: 1425Military hours or ☐ AM ☐ PMCity where this current evaluation for 5150 is taking place: Jurupa Valley

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:** Riverside Community HospitalApplication is hereby made for the assessment and evaluation of (name of person) Rosie JonesIf homeless, check here ☐ and indicate city of residence below.Date of Birth 01/05/2005. Residing at 2528 Fairview Ave, Riverside 92506, 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:**Dispatched to subject's home after mother called 911 due to her daughter shouting, throwing things in the home, and threatening
to beat up mother. Upon arrival, Rosie was observed to be visibly intoxicated, with impaired speech and difficulty standing without
assistance.**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:**Rosie has a history of alcoholism with periods of intermittent sobriety. At the time of assessment, she was refusing all offers of
food and water. Rosie's mother reported that Rosie is consuming approximately one bottle of vodka and a 24 pack of beer daily.
Due to the severity of her alcohol use, Rosie is currently unable to maintain employment. Mother reported that Rosie has been
diagnosed with bipolar disorder. According to her mother, Rosie has required emergency medical attention at least once per week
due to episodes of loss of consciousness related to her substance use. Rosie presents as severely intoxicated, presents with impaired
judgement and has inability to meet basic needs.☒ 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: Rosie refused.

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

Name of Detained Person: Rosie Jones

Date of Birth: 01/05/2005

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: <i>Joe Martinez</i>	Date: 1/4/2026	Phone: 951-358-4705
Print Name: Joe Martinez	Name of Law Enforcement Agency/ Evaluation Facility/Person: Jurupa Valley Station	
Position Title: Deputy Sheriff	Badge/ Employee #: 12345	Address: 7477 Mission Blvd, Jurupa Valley, CA 92509

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:
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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

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