Riverside University Health System- Behavioral Health	Only if hold discontinued, Date:	Time:	Signature:				
APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS			DETAINMENT ADVISEMENT				
Pursuant to W&I Code 5150, 5585 & Penal Code California Welfare and Institutions Code (W & I) Code, Section Rule 45 C.F.R. § 164.508	de 4614.6 TS)	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.					
Welfare and Institutions Code (W&I Code), Section 5150(f) and person, when first detained for psychiatric evaluation, be given cerorally and a record be kept of the advisement by the eval	tain specific information	also be told the	following info	rmation:	e, the person shall		
Advisement Complete			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				
Good Cause For Incomplete Advisement			have been taken.				
Advisement Completed By Position		Language or Mod	-	Date of Advisem	nent		
Adam Smith Police Officer Do not leave blank. Do not write "Any LPS Designated Facility." You		English You may line through:		10/08/2025			
To (name of 5150 designated facility) Riverside County-		Tod may into an ought	and miliar in radiiity	name to onanged.			
Application is hereby made for the assessment and evaluation if homeless, indicate city of resid	n of (name of person) Jo ł	nn Johnson					
Date of Birth 08/23/75 . Residing at placement for evaluation and treatment at a designated facility W&I Code and Penal Code 4011.6 (person in custody). If a mknowledge, the legally responsible party appears to be/is: (Cincourt under W&I Code 601/602; Conservator. If known, proving the control of the cont	y pursuant to Section 51 iinor, authorization for vo rcle one) Parent; Legal G	50 et seq. (adul luntary treatme Guardian; Juven	t), Section 5 nt is not ava ile Court und	585 et seq. (ilable and to	minor), of the the best of my		
The above person's condition was called to my attention under	er the following circumsta	ances:					
Responded to dispatch to above residence reference wife.	ce subject attemptin	g to overdose	e. 911 call	was made	by subject's		
I have probable cause to believe that the person is, as a residuabled because (state specific facts; if historical course of has a bearing on determination):							
John was sitting on his sofa when I arrived. He stated depressed for weeks and now that he lost his job he took a handful of Benadryl pills and locked hims	e cannot take care o	f his family a	nd has no	reason to	live. Wife said		
☑ I have considered the historical course of the person's men (If applicable, state the name, address, phone number, and relation of person(Mandv Johnson (wife) 951-213-4567	(s) who provided evidence of his	storical course. If no	information is a	vailable, state th	ne reason below):		
Voluntary treatment is not available/not a viable option due to	Do not leave blank. You are require : John refused.	ed to indicate reason vo	luntary treatment i	s not a viable optio	n.		
Based upon the above information, there is probable caus A danger to self. A danger to others.	e to believe that said pe		esult of mer avely disab		sorder:		
Signature, title, and badge number of peace officer, professional person in charge or the treatment, member of the attending staff, designated members of a mobile crisis team, or professional person in charge or the treatment, member of the attending staff, designated members of a mobile crisis team, or professional person in charge or the treatment of the professional person in charge or the treatment of the professional person in charge or the treatment of the professional person in charge or the treatment of the professional person in charge or the professional person in the prof			Date: 10/08	/2025	Phone:		
Signature: Adam Smith Position	Title: Police Officer		Time: 153 . Military hrs or		951-354-2007		
Print Name:	Agency Name and Addres				Penal Code 4011.6 only Date and time person no		
Adam Smith	Riverside Police	ce Department St. Da			longer in custody:		
Badge/Employee #:	4102 Orange St. Riverside, CA 92				Date:		
12345	Triverside, OA 32	2001			Time:		
NOTIFICATIONS TO BE P	ROVIDED TO LAW ENI	FORCEMENT A	AGENCY				
Notify (officer/unit & telephone #)	FERRING PEACE OFFICER	BECAUSE:					
☐ The person has been referred to the facility under circumstance another person, would support the filing of a criminal complaint.			s regarding a	ctions witness	sed by the officer o		
☐ Weapon was confiscated pursuant to Section 8102 W&I Code. obtain return of any confiscated firearm pursuant to Section 8102 W&		quired to provide	notice to the	person regardi	ing the procedure to		

Reference: DHCS 1801 (06/2018) Form: LPS 5150 NCR (4/2019) Page 1 of 2

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS

Riverside University Health System- Beha	vioral Health Only if he	old discontinued, Date:	Time:	Signature:				
APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS			DETAINMENT ADVISEMENT					
Pursuant to W&I Code 5150, 5585 & Penal Code 4011.6 Canfidential Client Patient Information See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA			My name is <u>Deputy James</u> I am a (mental health professional/peace officer, etc.) witl (name of agency). You are not under criminal arrest, but am taking you for examination by mental health professionals at (name of facility).					
Rule 45 C.F.R.	§ 164.508		You will be told your rights by the mental health staff.					
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.			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					
Advisement Complete		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.						
Good Cause For Incomplete Advisement								
Advisement Completed By	Position		Language or Mod	dality Used	Date of Adviser	nent		
Do not leave blank. Do not write "Any LPS	Deputy		Spanish	and initial if facili	09/15/2025			
To (name of 5150 designated facility) Telecar		equired to specify the facility.	ou may line through	and initial it facili	ty flame is changed.			
Application is hereby made for the assessme	nt and evaluation of (less, indicate city of residence. Eisenhower Rd, La Quinta, C designated facility puri	alifornia, for up to 72 suant to Section 515	2-hour assessr 0 et seq. (adu	lt), Section	5585 et seq. ((minor), of the		
knowledge, the legally responsible party apper Court under W&I Code 601/602; Conservator	ears to be/is: (Circle o	one) Parent; Legal G	uardian; Juver	ile Court u				
The above person's condition was called to n	ny attention under the	following circumstar	nces:					
Responded to 911 call from subject's husband has mental problems and is			and threate	ning to ki	II her. Wife s	stated her		
I have probable cause to believe that the per disabled because (state specific facts; if his has a bearing on determination):								
Roy has schizophrenia and is not tak control me". He stated "she is trying believes others are watching him. His	to control me" poi	inting at his wife.	He is disorg	janized, n	ot making s	sense, and		
✓ I have considered the historical course of				-				
(If applicable , state the name, address, phone number, a Marv Garcia (Wife) 760-213-4567	· · · · ·		-					
Voluntary treatment is not available/not a vial		t leave blank. You are required V refused	I to indicate reason ve	oluntary treatmer	nt is not a viable option	on.		
Based upon the above information, there is A danger to self. A danger to	s probable cause to b				ental health d	isorder:		
Signature, title, and badge number of peace officer, professional treatment, member of the attending staff, designated members of a				Date: 09/ 1	15/2025	Phone:		
Signature: Dan James	Position Title			-	□ АМ □ РМ	760-863-8990		
Print Name:						Penal Code 4011.6 only Date and time person no		
Dan James			liverside County Sheriff Department			longer in custody:		
Badge/Employee #: 86-625 Airport I 12345 Thermal, CA 92						Date:		
12345		Thermal, OA 322	Time:			ı ime:		
Notify (officer/unit & telephone #)	TIONS TO BE PROV	IDED TO LAW ENF	ORCEMENT A	AGENCY				
NOTIFICATION OF PERSON'S RELEASE IS REQUE	ESTED BY THE REFERR	ING PEACE OFFICER	BECAUSE:					
☐ The person has been referred to the facility another person, would support the filing of a crimin		hich, based upon an a	llegation of fac	ts regarding	actions witness	sed by the officer o		
☐ Weapon was confiscated pursuant to Section obtain return of any confiscated firearm pursuant to			uired to provide	notice to the	e person regard	ling the procedure to		

Reference: DHCS 1801 (06/2018) Form: LPS 5150 NCR (4/2019)

SEE REVERSE SIDE FOR REFERENCES AND DEFINITIONS

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Riverside University Health System- Behavioral Health Only if he	old discontinued, Date:	Time:	Signature:_				
APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TRE	FATMENT	DETAINMENT ADVISEMENT					
Pursuant to W&I Code 5150, 5585 & Penal Code 40 Confidential Client/Patient Information See California Welfare and Institutions Code (W & I) Code, Section 532; Rule 48 (J.F.R.) 161,508 Welfare and Institutions Code (W&I Code), Section 5150(f) and (g), person, when first detained for psychiatric evaluation, be given certain sorally and a record be kept of the advisement by the evaluating	8 & HIPAA Privacy requires that each pecific information a facility	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					
Advisement Complete			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				
Good Cause For Incomplete Advisement have been taken.							
Advisement Completed By Art Lopez Position Sheriff Deputy		anguage or Mod nglish	ality Oseu	Date of Advisen 09/15/2025	nent		
Do not leave blank. Do not write "Any LPS Designated Facility." You are r	required to specify the facility. You		ınd initial if facilit				
To (name of 5150 designated facility) Riverside County- ETS	S, ITF						
Application is hereby made for the assessment and evaluation of (If homeless, indicate city of residence.	name of person) Jonat	han Smith					
Date of Birth 05/09/80 . Residing at 5557 Pedley Rd, Jurupa Valley, C placement for evaluation and treatment at a designated facility pur W&I Code and Penal Code 4011.6 (person in custody). If a minor, knowledge, the legally responsible party appears to be/is: (Circle of Court under W&I Code 601/602; Conservator. If known, provide not consider the constant of the	suant to Section 5150 authorization for volur one) Parent; Legal Gua	et seq. (adul ntary treatmen ardian; Juven	t), Section nt is not ava ile Court ur	5585 et seq. (ailable and to	(minor), of the the best of my		
The above person's condition was called to my attention under the	e following circumstance	es:					
Dispatched to Mr. Smith's home after several 911 calls residence.	reporting that neig	hbors hear	d gunsho	ots coming t	from the		
I have probable cause to believe that the person is, as a result of disabled because (state specific facts; if historical course of the has a bearing on determination):							
Mr.Smith was in his backyard yelling "I'm going to kill a stated that he was tired of his neighbors spying on him responding to internal stimuli. Mr.Smith agreed to place	and being control	led by then	n. He app	eared agita	ted and was		
☐ I have considered the historical course of the person's mental of (If applicable, state the name, address, phone number, and relation of person(s) who Mr. Smith was unable to provide information about mental health	provided evidence of histori	_					
Voluntary treatment is not available/not a viable option due to: Re	ot leave blank. You are required to	indicate reason vo	luntary treatmen	t is not a viable optio	on.		
Based upon the above information, there is probable cause to l A danger to self. A danger to others.	believe that said pers ravely disabled adult			ental health d bled minor.	isorder:		
Signature, title, and badge number of peace officer, professional person in charge or the facilitreatment, member of the attending staff, designated members of a mobile crisis team, or profession			Date: 09/1	5/2025	Phone:		
Signature: Art Lopez Position Title	e: Deputy	ı	Time: 10 1	18 □ am □ pm	951-955-2600		
Print Name:	Agency Name and Address of	Law Enforcement A	Agency/Evaluation	on Facility/Person:	Penal Code 4011.6 onl Date and time person no		
Art Lopez	Jurupa Valley Stati	•			longer in custody:		
Badge/Employee #:	7477 Mission Blvd Jurupa Valley, CA				Date:		
12345	Jurupa Valley, CA	92509			Time:		
NOTIFICATIONS TO BE PROV Notify (officer/unit & telephone #) Complete this section if weapon is c				ges due to cu	rrent actions.		
NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERR	RING PEACE OFFICER BE	CAUSE:					
The person has been referred to the facility under circumstances whanother person, would support the filing of a criminal complaint.	hich, based upon an alle	egation of facts	s regarding	actions witness	sed by the officer o		
✓ Weapon was confiscated pursuant to Section 8102 W&I Code. Upon obtain return of any confiscated firearm pursuant to Section 8102 W&I Code. SEE REVERSE SIDE FOR	de.			person regard	ing the procedure to		

Riverside University Health System- Beha	vioral Health Only if he	old discontinued, Date:	Time:	Signature:				
APPLICATION FOR ASSESSMENT, EVALU			DETAINMENT ADVISEMENT					
Purtuarition OR PLACEMENT FOR EVALUATION AND TREATMENT Purtuarition W& Corle 5150 5585 & Penal Code 4011.6 Confidential Client/Patient Information See California Welfare and Institutions Code (W & I) Code, Section 5328 & HIPAA Privacy			My name is <u>Joe Martinez</u> 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).					
Rule 45 C.F.R. § 164.508			You will be told your rights by the mental health staff.					
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.			If taken into custody at his or her residence, the person shall also be told the following information:					
Advisement Complete Advisement Incomplete Good Cause For Incomplete Advisement		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						
Good Cause For incomplete Advisement			have been take	en.				
Advisement Completed By	Position		Language or Mod	dality Used	Date of Adviser	nent		
Joe Martinez Do not leave blank. Do not write "Any LPS"	Sheriff Deputy		English	and initial if facili	02/25/2025			
To (name of 5150 designated facility) Riversion Application is hereby made for the assessme	de County- ETS	S, ITF						
placement for evaluation and treatment at a c W&I Code and Penal Code 4011.6 (person in knowledge, the legally responsible party apper Court under W&I Code 601/602; Conservator The above person's condition was called to n	n custody). If a minor, ears to be/is: (Circle o r. If known, provide na	authorization for vol one) Parent; Legal G ames, address and to	untary treatme uardian; Juver elephone num	ent is not av nile Court u	ailable and to	the best of my		
Dispatched to shopping center in refe	-	-		ınnina int	o traffic			
I have probable cause to believe that the perdisabled because (state specific facts; if his has a bearing on determination): Ms. Jones appeared confused and dismalnourished and was not properly dunable to tell me when was the last ti I have considered the historical course of (If applicable, state the name, address, phone number, a Ms. Jones was unable to provide contact.	storical course of the soriented. She baldressed for the column she eat, and retthe person's mental of the delation of person(s) who the transfer of the person of the per	person's mental distribution bled nonsensical distribution was dispersional dispersion by the dispersi	sorder was co ally about bu ng only a th offered say onable bearing torical course. If no	nsidered, so ligs trying lin t-shirt ling "you g on determ o information is	to eat her. Sand shorts). are trying to ination. No available, state the	She appeared . She was b kill me". b Info Available the reason below):		
Voluntary treatment is not available/not a vial	Do no ble option due to: Ms	it leave blank. You are required s. Jones is confuse	d to indicate reason verd and canno	oluntary treatmer t navigate	nt is not a viable option voluntary se	n. rvices.		
Based upon the above information, there is A danger to self. A danger to	s probable cause to be others.	believe that said pe ravely disabled adu	rson is, as a ı ılt. ☐ G	esult of me	ental health d	isorder:		
Signature, title, and badge number of peace officer, professiona treatment, member of the attending staff, designated members of a				Date: 02/ 2	25/2025	Phone:		
Signature: Joe Martinez	Position Title	: Deputy Sheriff		Time: 14 ;	25 □ AM □ PM	951-955-2600		
Print Name: //		Agency Name and Address	of Law Enforcement	Agency/Evaluati	on Facility/Person:	Penal Code 4011.6 only Date and time person no		
Joe Martinez		Jurupa Valley Sta				longer in custody:		
Badge/Employee #:		7477 Mission Blv				Date:		
12345		Jurupa Valley, C	, CA 92509 Time:			Time:		
Notify (officer/unit & telephone #)	TIONS TO BE PROV	IDED TO LAW ENF	ORCEMENT	AGENCY				
NOTIFICATION OF PERSON'S RELEASE IS REQUI	ESTED BY THE REFERR	ING PEACE OFFICER	BECAUSE:					
The person has been referred to the facility another person, would support the filing of a crimin		nich, based upon an a	allegation of fac	ts regarding	actions witness	sed by the officer o		
☐ Weapon was confiscated pursuant to Section obtain return of any confiscated firearm pursuant to			uired to provide	notice to the	e person regard	ling the procedure to		

Reference: DHCS 1801 (06/2018) Form: LPS 5150 NCR (4/2019)

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