**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 (DTS)

*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 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.

| Advisement Completed By | Position | Language or Modality Used | Date of Advisement |
|---|---|---|---|
| Adam Smith | Police Officer | English | 10/08/2025 |

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) **John Johnson**
If homeless, indicate city of residence.

Date of Birth 08/23/75. 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: (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:

**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 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):

**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. ☐ 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):
Mandy Johnson (wife) 951-213-4567

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: John refused.

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: Adam Smith Position Title: Police Officer

Date: **10/08/2025**

Time: **1535** Military hrs or ☐ AM ☐ PM

Phone: 951-354-2007

Print Name: Adam Smith

Badge/Employee #: 12345

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Riverside Police Department
4102 Orange St.
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 (DTO)

*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 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.

| Advisement Completed By | Position | Language or Modality Used | Date of Advisement |
|---|---|---|---|
| Dan James | Deputy | Spanish | 09/15/2025 |

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) **Telecare CSU/PHF**

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

Date of Birth 05/18/75. 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: (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:

**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 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):

**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. ☐ 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):
Marv Garcia (Wife) 760-213-4567

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: Roy refused

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: Dan James Position Title: Deputy

Date: **09/15/2025**
Time: **0130** Military hrs or ☐ AM ☐ PM

Phone: 760-863-8990

Print Name: Dan James
Badge/Employee #: 12345

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Riverside County Sheriff Department
86-625 Airport Blvd
Thermal, CA 92274

**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

SAMPLE ONLY (DTO)

*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

*WEAPON CONFISCATED*

**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 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.

| Advisement Completed By | Position | Language or Modality Used | Date of Advisement |
|---|---|---|---|
| Art Lopez | Sheriff Deputy | English | 09/15/2025 |

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) **Jonathan Smith**
If homeless, indicate city of residence.

Date of Birth 05/09/80. 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: (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:

**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 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):

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

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: Refused

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: Art Lopez Position Title: Deputy

Date: **09/15/2025**

Time: **1018** Military hrs or ☐ AM ☐ PM

Phone: 951-955-2600

Print Name: Art Lopez

Badge/Employee #: 12345

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Jurupa Valley Station
7477 Mission Blvd
Jurupa Valley, CA 92509

**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 #) Complete this section if weapon is confiscated or if person may face criminal charges due to current actions.

**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 (GD)

*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 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.

| Advisement Completed By | Position | Language or Modality Used | Date of Advisement |
|---|---|---|---|
| Joe Martinez | Sheriff Deputy | English | 02/25/2025 |

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) **Rosie Jones**
If homeless, indicate city of residence.

Date of Birth 01/05/88. Residing at **Homeless in 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: (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:

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

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):

**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. ☐ 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):
Ms. Jones was unable to provide contact information.

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: Ms. Jones is confused and cannot navigate voluntary services.

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.

Date: **02/25/2025**

Time: **1425** Military hrs or ☐ AM ☐ PM

Phone: 951-955-2600

Signature: Joe Martinez Position Title: Deputy Sheriff

Print Name: Joe Martinez

Badge/Employee #: 12345

Agency Name and Address of Law Enforcement Agency/Evaluation Facility/Person:
Jurupa Valley Station
7477 Mission Blvd
Jurupa Valley, CA 92509

**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