

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. § 164.508Welfare 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
James SmithPosition
RN II

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.Language or Modality Used
SpanishDate of Advisement
06/30/2025

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: 06/30/2025Detainment Start Time: 2:25Military 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) Casey JonesIf homeless, check here ☐ and indicate city of residence below.Date of Birth 01/01/2010. Residing at 5254 Arlington Ave, Riverside, CA 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: Ana Smith- Mother 951-358-4544

The detained 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, 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: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. ☐ 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: Casey refusing safety planning and refusing voluntary treatment.

APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENTName of Detained Person: Casey JonesDate of Birth: 01/01/2010**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>James Smith</u>	Date: <u>06/30/2025</u>	Phone: <u>951-358-4840</u>
Print Name: <u>James Smith</u>	Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>Children's Treatment Services</u>	
Position Title: <u>RN II</u>	Badge/ Employee #: <u>123456</u>	Address: <u>3125 Myers Ave, Riverside, CA 92503</u>

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhelath.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@ruhelath.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 5326 & 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
Jane SmithPosition
LCSW**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.Language or Modality Used
EnglishDate of Advisement
06/30/2025**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) RUHS- Medical Center/ DCU (Detention Only)

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

Detainment Start Date: 06/30/2025Detainment Start Time: 12:10Military 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:** RUHS- Medical Center/ DCUApplication is hereby made for the assessment and evaluation of (name of person) Alex SmithIf homeless, check here ☐ and indicate city of residence below.Date of Birth 06/28/1984. 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: (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:**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, 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:**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. ☐ 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: Alex refused voluntary treatment.

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**Name of Detained Person: Alex SmithDate of Birth: 06/28/1974**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>Jane Smith</u>		Date: <u>06/30/2025</u>	Phone: <u>951-955-4812</u>
Print Name: <u>Jane Smith</u>		Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>Robert Presley Detention Center</u>	
Position Title: <u>LCSW</u>	Badge/ Employee #: <u>123456</u>	Address: <u>4000 Orange St, Riverside, 92501</u>	

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhelath.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@ruhelath.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. § 164.508**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

Client turned away from staff and walked away.

Advisement Completed By/Attempted By
James SmithPosition
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.

Language or Modality Used

Date of Advisement

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: 06/30/2025Detainment Start Time: 3:45Military 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) Taylor BrownIf homeless, check here ☒ and indicate city of residence below.Date of Birth 10/15/1970. Residing at 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: (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:**

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, 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:**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. ☐ 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: Taylor denies any problems and refuses voluntary treatment.

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**Name of Detained Person: Taylor Brown Date of Birth: 10/15/1970**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>James Smith</u>		Date: <u>06/30/2025</u>	Phone: <u>951-358-4705</u>
Print Name: <u>James Smith</u>		Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>Blaine Street Clinic</u>	
Position Title: <u>RN IV</u>	Badge/ Employee #: <u>123456</u>	Address: <u>769 Blaine St, Suite B, Riverside, CA 92507</u>	

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhelath.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@ruhelath.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. § 164.508***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
Jane SmithPosition
Clinical Therapist**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.Language or Modality Used
EnglishDate of Advisement
06/30/2025**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: 06/30/2025Detainment Start Time: 10:24Military 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) Madison SmithIf homeless, check here ☐ and indicate city of residence below.Date of Birth 06/24/1987. 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:**Mobile Crisis was dispatched following a report that Jane had not eaten or consumed water for the past four days. Upon arrival,
Madison 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:**Madison has a history of alcoholism with periods of intermittent sobriety. At the time of assessment, she was refusing all offers of
food and water. Jane's mother, who was present, reported that Madison is consuming approximately one bottle of vodka and a 24-pack of beer
daily. Due to the severity of her alcohol use, Madison is currently unable to maintain employment. Mother reported that Madison has been
diagnosed with bipolar disorder and diabetes. She is refusing to take her prescribed insulin. According to her mother, Madison has
required emergency medical attention at least once per week due to episodes of loss of consciousness related to her medical
condition and substance use. Madison 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: Client was too intoxicated to agree to voluntary treatment.

**APPLICATION FOR ASSESSMENT, EVALUATION, AND CRISIS
INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT**Name of Detained Person: Madison SmithDate of Birth: 06/24/1987**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>Jane Smith</u>		Date: <u>06/30/2025</u>	Phone: <u>951-358-4705</u>
Print Name: <u>Jane Smith</u>		Name of Law Enforcement Agency/ Evaluation Facility/Person: <u>RUHS-BH CSSOC</u>	
Position Title: <u>Clinical Therapist</u>	Badge/ Employee #: <u>123456</u>	Address: <u>2085 Rustin Ave, Riverside, CA 92507</u>	

Procedure: send a copy of this 5150 hold within (3) business days to LPS 5150 Department at 5150@ruhelath.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@ruhelath.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.