

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

Confidential Client/Patient Information

See California W&I Code Section 5328 and HIPAA Privacy Rule
45 C.F.R. § 164.508

**Welfare and Institutions Code (W&I Code), Section 5150(f)
and (g)**, require 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 Shatto
I am a (peace officer/mental health
professional) 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 may
make a phone call and leave a note to
tell your friends or family where you
have been taken.

| | | | |
|---|------------------------------------|--|--|
| Advisement Completed By: <u>Shatto</u> | Position: <u>Police Officer</u> | Language or Modality Used: <u>English</u> | Date of Advisement: <u>12/31/2021</u> |
|---|------------------------------------|--|--|

To (name of 5150 designated facility): _____

Application is hereby made for the assessment and evaluation of _____
residing at 301 UPPER PARK ROAD SANTA CRUZ, 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) or Section 5585 et seq. (minor), of the W&I Code. 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**): ☐ **Parent**; ☐ **Legal Guardian**; ☐ **Conservator**;
☐ **Juvenile Court under W&I Code 300**; ☐ **Juvenile Court under W&I Code 601/602**.

If known, provide names, address and telephone numbers in area provided below:

The above person's condition was called to my attention under the following circumstances:

Reported that he wanted to slit his wrists

I have probable cause to believe that the person is, as a result of a mental health disorder, a danger to
others, or to himself/ herself, or gravely disabled because: (state specific facts):

BP called and reported _____ told her he wanted to slit his
wrists. _____ then went around asking other for a knife to do so.
_____ was uncooperative

(CONTINUED ON NEXT PAGE)

**APPLICATION FOR 72 HOUR DETENTION FOR EVALUATION AND TREATMENT
(CONTINUED)****Historical course of the person's mental disorder:**☐ I have considered the historical course of the person's mental disorder☐ No reasonable bearing on determination☒ No information available because: uncooperative

| History Provided by (Name) | Address | Phone Number | Relation |
|----------------------------|---------|--------------|----------|
| | | | |
| | | | |
| | | | |

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 himself / herself.**☐ **Gravely disabled adult.**☐ **A danger to others.**☐ **Gravely disabled minor.**

Signature, title and badge number of peace officer, professional person in charge of 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.

X Date:
12/31/21Time:
1955Phone:
831
420
5800

Name of Law Enforcement Agency or Evaluation Facility/Person:

Address of Law Enforcement Agency or Evaluation Facility/Person:

Santa Cruz Police Department155 Center St
Santa Cruz CA 95060**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 SUBSEQUENT PAGES FOR DEFINITIONS AND REFERENCES