

APPLICATION FOR 72 HOUR DETENTION FOR EVALUATION AND TREATMENT

MH 302 (Rev. 06/04) Front

DETAINMENT ADVISEMENT

My name is \_\_\_\_\_

I am a (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 in substantially the following form:

You may bring a few personal items with you which I will have to approve. You can make a phone call and/or leave a note to tell your friends and/or family where you have been taken.

IF ADVISEMENT TO RIGHT IS NOT DONE USE THIS 1 & 2

1 [X] Advisement Complete 1b [ ] Advisement Incomplete
2 [ ] Good Cause for Incomplete Advisement (if not done):
2b [ ] Advisement Completed By
3 [ ] Position
4 [ ] Date

To Any LPS designated facility in the county of Fresno

Application is hereby made for the admission of (patient name):

Residing at (patient address):

hour treatment and evaluation pursuant to Section 5150, (adult) et seq. or Section 5150.5, (minor), to the best of my knowledge, the legally responsible party appears to be / is: Juvenile Court as a WIC 300; Juvenile Court as a WIC 601/602; Conservator. If known, provide name, address and telephone number: (For minors: fill out guardian name, phone, address):

CHILD PATIENT ADD THIS INFO

The above person's condition was called to my attention under the following circumstances: (see reverse side for definitions)

The following information has been established: (Please give sufficiently detailed information to support the belief that the person for whom evaluation and treatment is sought is in fact a danger to others, a danger to himself or herself, or gravely disabled)

Based up on the above information it appears that there is probable cause to believe that the person is: [ ] A danger to himself/herself. [ ] A danger to others. [ ] Gravely disabled and a danger to himself/herself. [ ] Gravely disabled minor.

IF CHILD PATIENT IS GRAVELY DISABLED

Signature, title and badge number of peace officer, member of attending staff of evaluation facility or person designated by county. Date Time Phone 559-459-4900
Name of Law Enforcement Agency or Evaluation Facility/Person Address of Law Enforcement Agency or Evaluation Facility/Person Community Regional Medical Center - Ambulatory Care Center (Outpatient Clinic): 209 N. Wayte Lane Fresno CA 93701

[ ] Weapon was confiscated and detained person notified of procedure for return of weapon pursuant to Section 8102 WIC. (officer/unit & phone #) \_\_\_\_\_

NOTIFICATIONS TO BE PROVIDED TO LAW ENFORCEMENT AGENCY

NOTIFICATION OF PERSON'S RELEASE FROM AN EVALUATION AND TREATMENT FACILITY IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:

[ ] Person has been referred under circumstances in which criminal charges might be filed pursuant to Sections 5152.1 and 5152.2 WIC. Notify (officer/unit & telephone #) \_\_\_\_\_

[ ] Weapon was confiscated pursuant to Section 8102 WIC. Notify (officer/unit & telephone #) \_\_\_\_\_

SEE REVERSE SIDE FOR INSTRUCTIONS