

**NOTICE OF CERTIFICATION FOR INTENSIVE  
TREATMENT PURSUANT TO SECTION 5250 (14  
DAYS INTENSIVE TREATMENT) OR 5270.15  
(ADDITIONAL 30 DAYS INTENSIVE TREATMENT)  
OF THE WELFARE AND INSTITUTIONS CODE**

**CONFIDENTIAL PATIENT  
INFORMATION**

14 day hold  
 30 day hold

The authorized agency providing 14-day intensive treatment, County of \_\_\_\_\_  
has custody of:

Name \_\_\_\_\_

Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

We, the undersigned, allege that the above-named person is, as a result of a mental disorder  
or impairment by chronic alcoholism (mark all that apply):

- A danger to others     A danger to himself or herself     Gravely disabled as defined in  
subdivision (h) of Section 5008 of  
the Welfare and Institutions Code

The specific facts which form the basis for our opinion that the above-named person meets one  
or more of the classifications indicated above are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-named person has been informed of this evaluation, and has been advised of the  
need for, but has not been able or willing to accept treatment on a voluntary basis, or to accept  
referral to, the following services:

\_\_\_\_\_  
\_\_\_\_\_

We, therefore, certify the above-named person to receive intensive treatment related to the mental  
disorder or impairment by chronic alcoholism beginning this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the  
intensive treatment facility herein named: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby state that I delivered a copy of this notice this day to the above-named person and that  
I informed him or her that unless judicial review is requested a certification review hearing will be  
held within four days of the date on which the person is certified for a period of intensive treatment  
and that an attorney or advocate will visit him or her to provide assistance in preparing for the  
hearing or to answer questions regarding his or her commitment or to provide other assistance.  
The court has been notified of this certification on this day.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Superior Court

Copies: Person Certified – Personally delivered  
Person's Attorney  
Public Defender  
District Attorney  
Intensive Treatment Facility