NOTICE OF CERTIFICATION FOR ADDITIONAL 14 DAYS INTENSIVE TREATMENT

MH 1761 (Rev. 08/04)

Confidential Patient Information See Welfare & Institutions Code Sections 5260, 5328 and Penal Code 11142

HIPAA Privacy Rule 45 C.F.R. § 164.508

SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF _____

The People of the Sta	ate of California Concerning	NO		
Respondent		NOTICE OF CERTIFICATION FOR ADDITIONAL 14 DAYS INTENSIVE TREATMENT		
The authorized agency	providing 14-day intensive treatment (County of		
has custody of				
Name	Date of birt	h	Sex	
Address				
Marital status		Religious affiliation		
The unde	ersigned allege that the above-named p	erson present	s an imminent threat of taking his/her own life.	
This allegation is base	d upon the following facts:			
This allegation is supp	orted by the accompanying affidavits si	igned by:		
The above-named per- referral to, the following		n and has bee	n advised of, but has not been able or willing to accept	
We, therefore, certify the	he above-named person to receive add	ditional intensiv	ve treatment for no more than 14 days beginning	
this	day of	, 20	, in the intensive treatment facility herein	
named				
of his/her legal right to	a judicial review by Habeas Corpus,	and this term	he above-named person and that he/she has been informed has been explained to him/her, and that he/she has been ant to Section 5276 of the Welfare and Institutions Code.	
	Date			
Signature				
Countersignature				
· _	Rer	presenting Inte	ensive Treatment Facility	

Original: Superior Court

Copies: Person Certified – Personally delivered

Person's Attorney/Public Defender

District Attorney

Intensive Treatment Facility