NOTICE OF CERTIFICATION FOR ADDITIONAL 1	14 DAYS	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 FOR THE COUNTY OF				
The People of the State of California Concerning	NO			
		NOTICE OF		
Respondent		CERTIFICATION FOR ADDITIONAL 14 DAYS INTENSIVE TREATMENT		
The authorized agency providing 14-day intensive treatment C	County of			
has custody of				
Name Date of birth	Date of birth		Sex	
Address				
Marital status				
The undersigned allege that the above-named p	erson presents a	an imminent threat of taking his/her own	life.	
This allegation is based upon the following facts:				
The above-named person has been informed of this allegation referral to, the following services:				
We, therefore, certify the above-named person to receive add			-	
this day of	, 20	, in the intensive treatme	ent facility herein	
we hereby state that a copy of this notice has been delivered of his/her legal right to a judicial review by Habeas Corpus, informed of his/her right to counsel including court appointed of	I this day to the a and this term ha	as been explained to him/her, and that	he/she has been	
Date				
Signature				
Countersignature				
	presenting Intens	ive Treatment Facility		
	Original: Copies:	Superior Court Person Certified – Personally delivered Person's Attorney/Public Defender District Attorney		
DHCS 1809 (06/2013)		Intensive Treatment Facility		