## NOTICE OF CERTIFICATION FOR ADDITIONAL 14 DAYS INTENSIVE TREATMENT

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 State	of California Concerning	NO.		
	Respondent		NOTICE OF CERTIFICATION FOR ADDITIONAL 14 DAYS INTENSIVE TREATMENT	
The authorized agency p	providing 14-day intensive treatment	County of _		
has custody of				
Name	Date of birt	th	Sex	
Address				
Marital status		Religious affiliation		
The unders	signed allege that the above-named p	person presen	ts an imminent threat of taking his/her own life.	
This allegation is based	upon the following facts:			
This allegation is suppor	ted by the accompanying affidavits si	igned by:		
The above-named persoreferral to, the following		n and has bee	en advised of, but has not been able or willing to accept	
We, therefore, certify the	above-named person to receive add	ditional intensi	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	a judicial review by Habeas Corpus,	and this term	he above-named person and that he/she has been informed in has been explained to him/her, and that he/she has been uant to Section 5276 of the Welfare and Institutions Code.	
	Date			
Signature				
Countersignature				
	Rej	presenting Int	ensive Treatment Facility	

Original: Superior Court

Copies: Person Certified – Personally delivered

Person's Attorney/Public Defender

District Attorney

Intensive Treatment Facility