

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO JUVENILE COURT</b>  <input type="checkbox"/> JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6634 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941	
In The Matter of _____   <div style="text-align: right;">A MINOR</div>	
<b>APPLICATION FOR APPROVAL OF A MINOR'S REQUEST FOR VOLUNTARY INPATIENT PSYCHIATRIC TREATMENT (W&amp;I Code § 6552)</b>	CASE NUMBER _____

1. My name is \_\_\_\_\_. I am \_\_\_\_\_ years old; and was born on \_\_\_\_\_.
2. My attorney is \_\_\_\_\_.
3. My attorney is not available, and \_\_\_\_\_, from \_\_\_\_\_, has counseled me and advised me regarding this application.
4. I understand that I was placed in this psychiatric facility because it is the opinion of the professional office staff that, as a result of a mental disorder, I am: (check applicable boxes)
- Dangerous to myself.     
  Dangerous to others.     
  Gravely disabled.
5. I have discussed with my attorney my rights, which are as follows:
- My right to object to being admitted to a psychiatric facility.  
 My right to a hearing or writ if the professional staff decide that I need continued treatment beyond 72 hours.  
 My right to decide on my own that I need treatment from the professional staff.
6. I understand these rights, and after talking with my attorney, I do apply to the Juvenile Court for approval of my decision that I receive treatment from the professional staff as my own voluntary decision.
7. I understand that the treatment I receive may include medications, which may continue when I leave the hospital.
8. I understand that I can revoke (that is, stop or end) my decision to receive voluntary inpatient treatment. I may do so by telling my attorney to set a hearing before a Juvenile Court Judge.

**IF THIS APPLICATION IS FOR ADMISSION TO A COMMUNITY TREATMENT FACILITY:**

9. I wish to be voluntarily admitted to a Community Treatment Facility (CTF). I understand that a CTF provides mental health treatment in a locked residential environment and that my rights as described above still apply.

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

Minor

**TO THE FACILITY:** Rule 8.10.4. of the San Diego Superior Court Rules provides that this application, signed by the minor and the attorney, shall constitute a sufficient basis for the hospital or facility to accept the minor as a voluntary inpatient, pending approval of the application by the Juvenile Court.

**APPLICATION FOR APPROVAL OF A MINOR'S REQUEST FOR  
VOLUNTARY INPATIENT PSYCHIATRIC TREATMENT**

	CASE NUMBER:
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**ATTORNEY CERTIFICATION**

I certify that I have reviewed this application with the minor, and have advised the minor of the effects of applying for voluntary inpatient treatment. The minor made a free, voluntary and intelligent decision to forgo his/her rights at this time, and did make an informed request to receive voluntary inpatient treatment. The minor also understands that medication may be a part of the treatment, even after discharge from the hospital. I have no objection to the minor's request that the Juvenile Court approve the minor's decision to receive inpatient treatment.

Date: \_\_\_\_\_  
\_\_\_\_\_ Attorney

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**ATTORNEY REPRESENTATIVE/PATIENT ADVOCATE CERTIFICATION**

I certify that I have reviewed this application with the minor, and have discussed with the minor the effects of applying for voluntary inpatient treatment. The minor made a free, voluntary and intelligent decision to forgo his/her rights at this time, and did make an informed request to receive voluntary inpatient treatment. The minor also understands that medication may be a part of the treatment, even after discharge from the hospital.

Date: \_\_\_\_\_  
\_\_\_\_\_ Attorney Representative/Patient Advocate

I have no objection to the minor's request that the Juvenile Court approve the minor's decision to receive inpatient treatment.

Date: \_\_\_\_\_  
\_\_\_\_\_ Attorney

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**ORDER**

1. The Court has read and considered:
- a. The executed application of the minor for voluntary inpatient treatment.
  - b. The declaration of the attending therapist.
  - c. The treatment plan which sets forth the category of medications to be administered to the minor.
  - d. Further evidence presented.
  - d. Other: \_\_\_\_\_

2. The Court finds:
- a. All persons entitled to notice have received notice.
  - b. No objection has been filed with the Court.
  - c. The minor suffers from a mental disorder.
  - d. The facility is qualified to treat the disorder.
  - e. There is no other less restrictive facility available which might better address the needs of the minor.
  - f. The minor has made a knowledgeable and intelligent request to receive voluntary inpatient treatment.
  - g. An objection has been filed with the Court, and a hearing shall be set on the Application on \_\_\_\_\_ at \_\_\_\_\_ o'clock, in Department \_\_\_\_\_ of the Juvenile Court. The Clerk of the Court is to notice all parties and counsel.

3. **THE COURT ORDERS:**

- a. That the minor's application is APPROVED. The minor shall receive treatment, both inpatient and outpatient, including medications, until such time as the application is properly revoked.
- b. That the minor's application is DENIED. The minor shall be released unless the minor may be held involuntarily under the provisions of the LPS Act.

Date: \_\_\_\_\_  
\_\_\_\_\_ Judicial Officer