

**NOTICE OF CERTIFICATION FOR ADDITIONAL
14 DAYS INTENSIVE TREATMENT PURSUANT TO
SECTION 5260, ET. SEQ. OF THE WELFARE AND
INSTITUTIONS CODE**

CONFIDENTIAL PATIENT INFORMATION

To the Superior Court of the State of California for the County of _____

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

Name _____ Date of birth _____ Sex _____

Address _____

Marital status _____ Religious affiliation _____

The undersigned allege that the above-named person presents an imminent threat of taking
his/her own life.

This allegation is based upon the following facts:

This allegation is supported by the accompanying affidavits signed by:

The above-named person has been informed of this allegation and has been advised of, but has
not been able or willing to accept referral to, the following services:

We, therefore, certify the above-named person to receive additional intensive treatment for no
more than 14 days beginning this ___ day of _____, 20___, in the intensive treatment
facility herein named _____

We hereby state that a copy of this notice has been delivered this day to the above-named
person and that he/she has been clearly advised of his/her continuing right to a judicial review by
habeas corpus, and this term has been explained to him/her.

Signature _____ Date: _____

Signature _____ Date: _____

Representing Intensive Treatment Facility

Original: Superior Court

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