

Jewish Family Service of San Diego

Patient Advocacy Program

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FAX: 619-923-3875

To:	Patient Advocacy Program		FAX:	619-923-3875
From	n:		Phone	:
<u>Date</u>	2:		Pages:	
RE: I	Fax Procedure for Scheduling Hearings for	or Indiv	viduals Detained Bey	ond the Expiration of 5150s in
Non-	-LPS Designated Facilities and Crisis Stab	<u>ilizatio</u> ı	n Units.	
desig	chedule a hearing for an individual detain gnated facility or a Crisis Stabilization Unisubmit the completed form by fax to the 3875.	t, facilit	ty staff must provide	the information listed below
• \	Name of Person Requesting Hearing:			
• F	Facility Name:			
• F	acility Phone Number:			
• P	Patient's Name (Last, First):			DOB:
• L	ocation of Patient at Facility (Unit, Room	#):		
• D	Doctor's Name:			
• C	Criteria for Hold (5150): Danger to O	thers	☐ Danger to Sel	f Grave Disability
• S	Start Date of 72-Hour Hold: Start Time of 72-Hour Hold			
• Ir	nterpreter Requested: Yes No	L	anguage Requested:	<u> </u>

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