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8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
9 **IN AND FOR THE COUNTY OF PLACER**

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11 COUNTY OF PLACER, HEALTH AND) **Case No.**
HUMAN SERVICES, ADULT SYSTEM OF)
12 CARE) **PETITIONER’S APPEAL OF CAPACITY**
) **HEARING DECISION (REQUEST FOR**
13 Petitioner,) **TRIAL DE NOVO)**
)
14 vs.) **Hearing Date:**
) **Time:**
15) **Location: Cirby Hills Behavioral Health PHF**
) **101 Cirby Hills Drive**
16 _____) **Roseville, CA 95678**
 Respondent.)
17 _____)

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19 The petition of County of Placer, Health and Human Services, Adult System of Care
20 (“Petitioner”) for a decision determining the above-named patient’s (“Respondent”) capacity to consent
21 was heard at Cirby Hills Behavioral Health PHF on _____ (date), before
22 _____, a hearing officer authorized to hear this petition under Welfare and
23 Institutions Code 5334. _____ (doctor’s name) appeared for Petitioner and
24 Respondent [appeared/did not appear], and a finding having been made that the patient did possess the
25 capacity to consent, as set forth in the attached Findings and Order by the hearing officer.

26 Petitioner requests a trial de novo before the Superior Court pursuant to Welfare and
27 Institutions Code Section 5334.
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DATED: _____

Name _____