

2048–CERTIFICATION REVIEW HEARING ORDER

Hearing Officer: _____ [] 5250

Patient's Name: _____ [] 5270

Facility Representative: _____ Title: _____

Patient Representative: _____

Hearing Date: _____ Hearing Time: _____

[] Hearing was held this date to determine whether probable cause exists to involuntarily detain the patient for an additional **14 days** treatment on the ground that, as a result of mental disorder or chronic alcoholism, he/she is:

(Check all that apply)

[] a danger to self; [] a danger to others; [] gravely disabled (unable to provide for food, clothing, or shelter).

[] Hearing was held this date to determine whether probable cause exists to involuntarily detain the patient for an additional **30 days** treatment on the grounds that, as a result of mental disorder or chronic alcoholism, he/she is:

[] gravely disabled (unable to provide for food, clothing, or shelter).

The Patient:

[] was present [] waived presence in accordance with W&I § 5256.3

After this hearing, it is determined that:

[] Probable cause does NOT exist

[] Probable cause does exist based on the following:

(Check all that apply)

[] a danger to self; [] a danger to others; [] gravely disabled (unable to provide for food, clothing, or shelter).

This decision is based on the following facts:

The Hearing Officer has relied on the following testimony and documents:

[] Testimony of participants. [] Other: _____

[] If probable cause exists, then the patient has been informed of his/her right to petition for a writ of habeas corpus.

[] If probable cause does not exist, the patient's immediate release has been ordered by the Hearing Officer.

Signature of Hearing Officer: _____ Date: _____

 Humboldt County Department of Health & Human Services 2048-Certification Review Hearing Order	DHHS-Behavioral Health Sempervirens 720 Wood Street, Eureka, CA 95501	Client Name	
		Admit Date	Client ID
		Date of Birth	