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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) **PETITION AND DECLARATION**
) **REGARDING CAPACITY TO ACCEPT**
13 Petitioner,) **TREATMENT**
)
14 vs.) **Hearing Date:**
) **Time:**
) **Location: Cirby Hills Behavioral Health PHF**
15 _____) **101 Cirby Hills Drive**
Respondent.) **Roseville, CA 95678**
16 _____)
17 _____)

18 **PETITION**

19 Petitioner, County of Placer, Health and Human Services, seeks an order from a hearing officer
20 deeming Respondent incapable of providing informed written consent to treatment pursuant to
21 California Welfare and Institutions Code Sections 5332 *et seq.* This petition is based upon the facts set
22 forth in the incorporated declaration. Petitioner or Respondent can seek de novo review in Placer
23 County Superior Court following the ruling of the hearing officer. Welf. & Inst. Code 5334(e).

24 The Patients' Rights Advocate will represent the patient at the hearing. The Public Defender
25 will be appointed as legal counsel for the patient, upon any appeal to the Superior Court.
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1 Notice on the patient and the patient's attorney/advocate will be provided with adequate time
2 before the hearing.

3 WHEREFORE, Petitioner prays that:

4 1. The hearing officer finds the patient is incapable of giving informed consent during the
5 patient's commitment under Welfare and Institutions Code Section 5150 , 5250, 5260, 5270.15, or
6 5300.

7 DATED: _____

8 _____ M.D.
9 Designated Physician

10 **DECLARATION**

11 I, _____, M.D., a licensed physician, declare that:

12 1. On _____, I evaluated _____,
13 at Cirby Hills Behavioral Health PHF, Roseville.

14 2. Said patient has been involuntarily committed to the Mental Health Facility under
15 Welfare and Institutions Code Section _____ (Choose one: 5150 , 5250,
16 5260, or 5270.15).

17 3. Said patient is presently showing symptoms of a mental health disorder known as:
18 _____.

19 4. In my professional judgment, the patient would benefit from the administration of the
20 following psychotropic medications: _____

21 _____

22 _____

23 _____

24 _____

25 5. I declare further that I have attempted to explain to the patient the risks, benefits,
26 possible side effects and treatment alternatives as described in Welfare and Institutions Code Section
27 5326.2, and that he/she is not able to give informed consent to the recommended medication.

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6. The patient does not acknowledge his/her condition because he/she states:

7. The patient is not able to understand the risks or benefits of medication or alternative treatments, because he/she: _____

8. The patient is not able rationally to understand and evaluate information regarding informed consent, and otherwise participate in the treatment decision, because patient lacks insight to his/her illness. Specifically, the patient: _____

9. Medication must be administered immediately in order to alleviate the acuteness of the patient's current symptomatology because: _____

I declare the foregoing is true and correct under the laws of the State of California.

DATED: _____

_____ M.D.

Name _____