

# Application for Involuntary Admission — Inebriates

**Pursuant to Welfare and Institutions Code Section 5170 et seq.**

I, the undersigned, being one of the following persons:

- Staff member of a designated facility
- Other designated professional person
- A peace officer

State that as a result of my personal observations, there is probable cause to believe that (name of patient) \_\_\_\_\_, as a result of inebriation, is:

- A danger to others
- A danger to himself/herself
- Gravely disabled

I have advised the patient of his/her rights:  Yes  No

The patient's condition was brought to my attention by the following circumstances:

---



---

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
*(staff member/peace officer/other)*

Print name: \_\_\_\_\_  
*(staff member/peace officer/other)*

## Certificate of Admitting Physician

The undersigned does hereby certify that he/she: (1) is a physician and surgeon licensed to practice in the State of California, (2) is a member of the attending staff (or is otherwise authorized by) a facility designated by the county and approved by the California Department of Health Care Services as a facility for 72-hour treatment and evaluation of inebriates, (3) has made a physical and mental examination of the patient, and (4) believes that there is probable cause to believe that the patient is, as a result of inebriation, is:

- A danger to others
- A danger to himself/herself
- Gravely disabled

and for that reason requires hospital admission for evaluation or treatment on other than a voluntary inpatient or outpatient basis.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
*(physician)*

Print name: \_\_\_\_\_  
*(physician)*

