

Petition for Post-Certification Treatment of a Dangerous Person

Attorney's Name: _____ Telephone: _____

Address: _____

SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF _____

In the Matter of: _____ Case No: _____
) PETITION FOR POSTCERTIFICATION TREATMENT
) OF A DANGEROUS PERSON
)
) Date: _____
)
) Time: _____
)
) Dept: _____

I, _____, (the professional person in charge of the _____ intensive treatment facility) (the designee of _____, the professional person in charge of the treatment facility), in which _____ (hereinafter referred to as "patient") has been under treatment pursuant to the certification by _____ and _____, hereby petition the court for an order requiring the patient to undergo an additional period of treatment, not to exceed 180 days, pursuant to the provisions of Article 6 (commencing with Section 5300) of Chapter 2 of Part 1 of Division 5 of the Welfare and Institutions Code. This petition is based upon my allegation that:

1. The patient named above has attempted, or inflicted, or made a serious threat of substantial physical harm upon the person of another after having been taken into custody, and while in custody, for evaluation, and that, by reason of mental health disorder, presents a demonstrated danger of inflicting substantial physical harm upon others; or that
2. The patient named above has attempted or inflicted physical harm upon the person of another, that act having resulted in his/her being taken into custody, and that he/she presents, as a result of mental health disorder, a demonstrated danger of inflicting substantial physical harm to others; or that
3. The patient named above had made a serious threat of substantial physical harm upon the person of another within seven days of being taken into custody, that threat having at least in part resulted in his/her being taken into custody, and that he/she presents, as a result of mental health disorder, a demonstrated danger of inflicting substantial physical harm upon others.

(over)

My allegation is based upon the following facts: _____

The allegation is supported by the accompanying affidavits signed by: _____

Date: _____ Time: _____ AM / PM

Signature: _____

NOTE: Copies of the petition and supporting affidavits must be served upon the patient named above the same day as they are filed with the clerk of the superior court.

Referece: Welfare and Institutions Code Section 5301