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*Kern County*  
**SHERIFF**

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**TRAINING BULLETIN**

**DATE: February 16, 2024**

**Revised W&I Code 5150 Form**

This training bulletin is to inform deputies and staff members of the revised Department of Health Care Services 1801 form, which is in relation to Welfare and Institution Code 5150 (72-hour assessment) holds. A revised form was issued by the Department of Health Care in September 2023 and is to be used from this date forward.

The notable changes on the revised form are the date of advisement/attempt, the date of birth, detainment start date and time, and gravely disabled. These changes have also been highlighted and attached to this training bulletin.

The updated form can be found on SheriffNet, in the Forms Library, or by clicking the following link:

[Revised W&I Code 5150 Form](#)

State of California  
 Health and Human Services Agency

Department of Health Care Services

<b>APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION OR PLACEMENT FOR EVALUATION AND TREATMENT</b>		<b>DETAINMENT ADVISEMENT</b>	
<b><u>Confidential Client/Patient Information</u></b> Welfare and Institutions Code (W&I Code), section 5150 (g)(1), requires that each person, at the time they are first taken into custody under this section, shall be provided, by the person who takes them into custody, the following information orally in a language or modality accessible to the person. If the person cannot understand an oral advisement, the information shall be provided in writing.		My name is _____. I am a (peace officer/mental health professional) with (name of agency). You are not under criminal arrest, but I am taking you for examination by mental health professionals at (name of facility). You will be told your rights by the mental health staff. <b>If taken into custody at their residence, the person shall also be told the following information:</b> You may bring a few personal items with you, which I will have to approve. Please inform me if you need assistance turning off any appliance or water. You may make a phone call and leave a note to tell your friends or family where you have been taken.	
<input type="checkbox"/> Complete Advisement <input type="checkbox"/> Incomplete Advisement <b>Date of Advisement/Attempt:</b> _____ Good Cause for Incomplete Advisement: _____ _____		Advisement Completed/Attempted By: _____ Position: _____ Language or Modality Used: _____	
<b>To (name of 5150 designated facility):</b> _____ Application is hereby made for the assessment and evaluation of _____, date of birth of _____, and residing at _____, California, for up to 72-hour assessment, evaluation, and crisis intervention, or placement for evaluation and treatment at a designated facility pursuant to Section 5150, et seq. (adult) or Section 5585 et seq. (minor), of the W&I Code.			
<b>Detainment Start Date:</b> _____ <b>Detainment Start Time:</b> _____ (The 72-hour period begins at the time when the person is first detained.)			
If authorization for voluntary treatment is not available for a minor/conservatee, indicate to the best of your knowledge who has legal authority to make medical decisions on behalf of the minor/conservatee: (name and contact information, if available) <b>(Check one):</b> <input type="checkbox"/> Parent(s) <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Conservator <input type="checkbox"/> Other: _____ Indicate to the best of your knowledge whether the minor is under the jurisdiction of the juvenile court: <b>(Check one):</b> <input type="checkbox"/> W&I Code 300 (dependent) <input type="checkbox"/> W&I Code 601, 602 (ward)			
The detained person's condition was called to my attention under the following circumstances: _____ _____ _____			
Specific facts that I have considered that lead me to believe that this person is, as a result of a mental health disorder, a danger to others, a danger to self or gravely disabled: _____ _____ _____			
<input type="checkbox"/> I have considered the historical course of the person's mental disorder as follows: _____ _____ _____			
<input type="checkbox"/> No reasonable bearing on determination <input type="checkbox"/> No information available because: _____			



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**APPLICATION FOR UP TO 72-HOUR ASSESSMENT, EVALUATION, AND CRISIS INTERVENTION  
OR PLACEMENT FOR EVALUATION AND TREATMENT (CONTINUED)**

OPTIONAL INFORMATION			
History Provided by (Name)	Address	Phone Number	Relation

Based upon the above information, there is probable cause to believe that said person is, as a result of mental health disorder:

- ☐ Danger to Self (DTS)
 ☐ Danger to others (DTO)
 ☒ Gravely disabled (as defined in W&I Code section 5008 or 5585.25)

**NOTIFICATIONS TO BE PROVIDED PURSUANT TO SECTION 5152.1 AND/OR 8102 OF THE WELFARE AND INSTITUTIONS CODE**

Notify behavioral health director/designee: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 and peace officer/designee: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone) of  
 person's release or end of detention if either of the boxes below are checked.

**NOTIFICATION OF PERSON'S RELEASE IS REQUESTED BY THE REFERRING PEACE OFFICER BECAUSE:**

- ☐ The person has been referred to the facility under circumstances which, based upon an allegation of facts regarding actions witnessed by the officer or another person, would support the filing of a criminal complaint.  
☐ Weapon was confiscated pursuant to Section 8102 W&I Code.

Signature, title and badge number of peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, designated members of a mobile crisis team, or professional person designated by the county.

Name:	Title/Badge Number:	Date:	Phone:
Signature:		Time:	
X			

Name of Law Enforcement Agency or Evaluation Facility/Person:	Address:

**REFERENCES**

**Welfare and Institutions Code**

Sections: 300, 601, 602, 5008, 5150, 5150.05, 5152.1, 5328, 5585.25, 5585.50, 8102

Name of Individual Detained:	DOB: