

Application submitted by (Name and Address) Name: Street Address: City, State: Telephone Number:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO Street Address: 3341 Power Inn Road City and Zip Code: Sacramento CA 95826 Branch Name: SITTING AS THE JUVENILE COURT	
NAME OF CHILD/MINOR:	
NOTICE OF PSYCHIATRIC HOSPITALIZATION AND/OR RELEASE OF MINOR	

CASE NUMBER: _____

1. DCFAS has received notice that the child has been placed on the following hold:

- 72 hour psychiatric hold (WIC §§ 5150, 5585) on _____.
- 14 day psychiatric hold (WIC § 5250) on _____.
- 30 day psychiatric hold (WIC § 5270.15) on _____.

Facility Name: _____

Treating Professional: _____

Address: _____

Phone No.: _____

Results of Certification/Evaluation attached.

2. The child has been released from hospitalization and is now placed as follows:

Name: _____

Address: _____

Phone No.: _____

Relationship: _____

Confidential Placement

Print or Type Name

DCFAS Representative's Signature

Date