

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:	
APPLICATION FOR APPROVAL OF A MINOR'S REQUEST FOR VOLUNTARY INPATIENT PSYCHIATRIC TREATMENT (Welfare & Institutions Code § 6552)	CASE NUMBER:

- 1. My name is _____. I am _____ years old; and was born on _____.
- 2. My attorney is _____.
- 3. I understand that I was placed in this psychiatric facility because it is the opinion of the professional office staff that, as a result of a mental disorder, I am: (check applicable boxes)
 - Dangerous to myself.
 - Dangerous to others.
 - Gravely disabled.
- 4. I have discussed with my attorney my rights, which are as follows:
 - My right to object to being admitted to a psychiatric facility.
 - My right to a hearing or writ if the professional staff decide that I need continued treatment beyond 72 hours.
 - My right to decide on my own that I need treatment from the professional staff.
- 5. I understand these rights, and after talking with my attorney, I do apply to the Juvenile Court for approval of my decision that I receive treatment from the professional staff as my own voluntary decision.
- 6. I understand that the treatment I receive may include medications, which may continue when I leave the hospital.
- 7. I understand that I can revoke (that is, stop or end) my decision to receive voluntary inpatient treatment. I may do so by telling my attorney to set a hearing before a Juvenile Court Judge.

IF THIS APPLICATION IS FOR ADMISSION TO A COMMUNITY TREATMENT FACILITY:

- 8. I wish to be voluntarily admitted to a Community Treatment Facility (CTF). I understand that a CTF provides mental health treatment in a locked residential environment and that my rights as described above still apply.

Date: _____

Minor

TO THE FACILITY: Rule 7.18 of the Sacramento Superior Court Local Rules provides that this application, signed by the minor and the attorney, shall constitute a sufficient basis for the hospital or facility to accept the minor as a voluntary inpatient, pending approval of the application by the Juvenile Court.

NAME OF MINOR/CHILD:	CASE NUMBER
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ATTORNEY CERTIFICATION

I certify that I have reviewed this application with the minor, and have advised the minor of the effects of applying for voluntary inpatient treatment. The minor made a free, voluntary and intelligent decision to forgo his/her rights at the time, and did make an informed request to receive voluntary inpatient treatment. The minor also understands that medication may be a part of the treatment, even after discharge from the hospital. I have no objection to the minor's request that the Juvenile Court approve the minor's decision to receive inpatient treatment.

Date: _____

Attorney