

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

- ITF** 9990 County Farm Rd., Riverside, CA 92503
- CRMC** 800 South Main St., Corona, CA 92282
- PACIFIC GROVE** 5900 Brockton Ave., Riverside, CA 92506

- RCRMC** 26520 Cactus Ave., Moreno Valley, CA 92555
- TELECARE** 47-915 Oasis St., Indio, CA 92201
- HISTORIC COURTHOUSE** 4050 Main St., Riverside, CA 92501

**RI-PR052**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and Address</i> )       TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
IN THE MATTER OF: _____	CASE NUMBER: _____
PATIENT AT: _____	Department: _____
Hearing Date: _____ Time: _____	Department: _____

**PETITION TO DETERMINE INCAPACITY TO REFUSE  
TREATMENT WITH ANTIPSYCHOTIC MEDICATION  
(Welfare and Institutions Code §5332 et seq.)**

1. The patient who is the subject of this petition is (*name*): \_\_\_\_\_ .
2. The patient is currently being held pursuant to Section  5150,  5250,  5260,  5270.15,  5270.70, or  5350 at (*facility name*): \_\_\_\_\_ .
3. I am the treating physician for the patient.
4. The patient is presently showing symptoms of the following mental disorder:
5. The symptoms of this mental order are as follows (*describe*):
6. The following antipsychotic medication has been prescribed for the patient:

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7. On the following dates and times, I explained or attempted to explain to the patient the following:
- The nature and seriousness of the illness, disorder, or defect that the patient has.
  - The nature of the prescribed medical treatment.
  - The probable degree and duration of any benefits and risks of the medical treatment.
  - The consequences of lack of the medical treatment.
  - The nature, risks, and benefits of any reasonable alternatives to the medical treatment.

(DATE)	(TIME)	(DATE)	(TIME)

8. The patient's responses to these efforts were the following: *(provide verbatim responses, if possible)*:

9. It is my professional opinion that the patient is not able to give informed consent to the prescribed medical treatment because:

a. The patient  is aware  is not aware of the nature and seriousness of the patient's mental disorder. *(Explain)*:

b. The patient  is able  is not able to understand the nature of the prescribed medical treatment, the probable degree and duration of any benefits and risks of the treatment, the consequences of lack of treatment, and the nature and risks and benefits of any reasonable alternatives. *(Explain)*:

c. The patient  is able  is not able to respond knowingly and intelligently to queries about the prescribed medical treatment or participate in the treatment decisions by means of a rational thought process. *(Explain)*:

10. I  have  have not acquired and reviewed the patient's medication history.

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11. I have considered treatment alternatives to involuntary medication, and have determined that they are unlikely to meet the needs of the patient (*list each alternative considered, and the reasons why each would be unlikely to meet the patient's needs*):
12.  A prior court determination that the patient does not have the capacity to refuse treatment with antipsychotic medication was made on (*date*): \_\_\_\_\_ for the following duration:  5150,  5250,  5150 and 5250,  5260,  5270.15,  5270.70, or  5350.
13.  Exigent circumstances necessitate an expedited hearing no more than one court day after filing and justify extension of treatment with antipsychotic medication until a new capacity hearing is held because (*complete all of the following*):
- a. This petition has been filed at least eight hours prior to the expiration of the current order and in a period of time that provides a reasonable opportunity for a hearing to be held prior to the expiration of the current order.
  - b. An expedited hearing is necessary to avoid the risk that the existing capacity determination may expire before a new capacity determination is made.
  - c. I am the patient's treating physician. If there were a lapse in the patient's treatment with antipsychotic medication, it would likely result in:  (i) An emergency, as defined in WIC 5008(m),  (ii) a serious deterioration or decompensation of the patient's mental health condition that could result in significant harm to the patient based upon the facts of the patient's individual circumstances (*provide supporting facts below*):
  - d. The extension of treatment with antipsychotic medication until a new capacity hearing is held on the basis of an attestation of exigent circumstances has not previously been invoked for this patient during the applicable detention period covered by the existing capacity determination.
14. I request a determination that the patient does not have the capacity to refuse treatment with antipsychotic medication that remains in effect until one of the following occurs, whichever occurs first in time:
- a. In the judgment of the patient's treating physician, the patient's capacity has been restored or the patient no longer meets the criteria for involuntary detention, according to standards developed pursuant to WIC 5332(c).
  - b. The court or hearing officer determines that the patient's capacity to refuse treatment with antipsychotic medication is restored.
  - c. The time limit for the determination period described in the following hold(s) expire:  5150,  5250,  5150 and 5250,  5260,  5270.15,  5270.70, or  5350.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Date: \_\_\_\_\_ (SIGNATURE OF TREATING PHYSICIAN)