

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

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**RIVERSIDE** 4050 Main St., Riverside, CA 92501

**RI-PR065**

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)</small>	<small>FOR COURT USE ONLY</small>
<p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	
<p>IN THE MATTER OF:</p>	<p>CASE NUMBER:</p>
<b>ORDER FOR EVALUATION OR DETENTION</b>	

The People of the State of California to Riverside County Sheriff Stanley Sniff, Jr.:

1. The petition of (name): \_\_\_\_\_ has been presented this day to me, a Judge of the Superior Court for the County of Riverside, State of California.
  
2. Sufficient evidence has been provided to the court that there is probable cause that the following person now in this county is, as a result of mental disorder, a danger to others, or to himself, or gravely disabled and has refused or failed to accept evaluation voluntarily:
  - a. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_
  - b. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
3. You are directed to notify the person in (2) to submit to an evaluation at the following time and location:
  - a. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - b. Time: \_\_\_\_\_
  - c.  Riverside County Regional Medical Center – Emergency Treatment Services  
9990 County Farm Road, Suite 4, Riverside, CA 92503 (951-358-4700)
  - Telecare Riverside County – Crisis Stabilization Unit  
47-915 Oasis Street, Indio, CA 92201 (760-863-8650)
  
4. The person in (2) shall be permitted to be accompanied by one or more of his or her relatives, friends, an attorney, a personal physician, or other professional or religious advisor. The individual or individuals who accompany the person may be present during the evaluation if so requested by the person.

IN THE MATTER OF:	CASE NUMBER:
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5. It is hereby directed that a copy of this order together with a copy of the petition be delivered to the person in (2) and his representative, if any, at the time of his notification; and it is further authorized that service of this order may be made at any hour of the day or night.

*The following paragraph is applicable only if the person in (2) fails to appear for evaluation at the date, time, and location specified in (3) after having been properly notified as indicated in (5).*

6. If the person in (2) fails or refuses to appear for evaluation when notified by order of this court, you are hereby directed to detain the person or to cause him to be detained at the location in (3) for a period no longer than 72 hours, excluding Saturdays, Sundays, and holidays if evaluation services are not available on those days, for the purposes of evaluation.

Date: \_\_\_\_\_  
(JUDICIAL OFFICER)

**Return of Order**

A. I hereby certify that I received the above order for the evaluation of the person in (2).

B. I personally gave a copy of this order and of the petition on the person in (2):

a. on (date): \_\_\_\_\_ b. at (time): \_\_\_\_\_  a.m.  p.m.  
 c. at this address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. I personally gave a copy of the order and of the petition on the professional person in charge of the facility in (3) for treatment and evaluation, or his designee on:

(date): \_\_\_\_\_ at (time): \_\_\_\_\_  a.m.  p.m.

D. Server's Information

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above in this Return of Order is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT SERVER'S NAME AND TITLE) (SIGNATURE)