



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO	FOR COURT USE ONLY
Name of Minor: _____ Date of Birth: _____ Age: _____	
HEARING REGARDING ADMISSION OF A MINOR TO HOSPITAL PROVIDING ACUTE CARE PSYCHIATRIC SERVICES	MH

Proposed Hospital: _____ Date of Hearing: _____

Minor is **not** a ward or dependent child of the juvenile court.

Hearing Officer: _____ Counsel for Minor: _____

Responsible Person: _____ Relationship: _____

Hospital Representative(s): _____

Other Persons Present: _____

FINDINGS: This matter was heard on this date, and based on the preponderance of evidence, I find that:

1. The minor does _____ does not _____ suffer from a mental disorder.
2. The treatment program does _____ does not _____ require 24-hour hospital care.
3. The hospital is _____ is not _____ the least restrictive and most appropriate facility which can fulfill the goals and objectives of treatment.
4. The treatment program is _____ is not _____ reasonably expected to ameliorate the mental disorder.
5. The hospital is _____ is not _____ in the minor's home community. If not in the minor's home community, the benefit of placement outside the home community outweighs the detriment of separating the minor from his/her community.
6. These findings are based on the following:

ORDER: Good Cause Appearing:

- ☐ Authorization is granted for the responsible party to admit the minor as an inpatient to the following hospital: _____
- ☐ Application for admission to the hospital is denied. This order does not prevent the minor from receiving voluntary outpatient care or other services as indicated.

Date: _____

Hearing Officer: _____