

Family Input Form

Assembly Bill 1424 requires that all individuals making decisions about involuntary psychiatric treatment consider information supplied by family members. The form provides a means for family members to communicate about their relative's mental health history to psychiatric and court authorities, who must read the information and keep a copy in a Consumer's health chart or court record.

Date: _____

Dear Judge, Public Defender, District Attorney,

Defendant Name: _____

Date of Birth: _____

Psychiatric Diagnosis: _____

PFN#: _____

Brief medical psychiatric history including hospitalizations: _____

Input relevant to current charge: _____

Family request to the court: _____

Sincerely, _____ Relationship: _____

Contact Information: _____