

What is the Patient Advocacy Program?

We are dedicated to ensuring the rights of mental health clients.

Mental health clients have the same legal rights afforded to every American citizen.

Information & Assistance

(619) 282-1134 or 1-800-479-2233

Fax: (619) 282-4885

www.jfssd.org/patientadvocacy

Hours: 8:00am–5:00pm, Monday–Friday



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For a copy of our Notice of Privacy Practices, please visit our website or contact us.

Patient Advocacy

Writ of Habeas Corpus



The Patient Advocacy Program is funded by the county of San Diego



Challenging the grounds if you are being involuntarily detained on a 14-day hold or 30-day hold

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Requesting a Writ Hearing

- You may file a request for a Writ of Habeas Corpus hearing if you are being involuntarily detained on a 14-day hold or 30-day hold.
- The purpose of this hearing is to challenge the grounds of your involuntary hold.
- Writ hearings are not automatic. If you want one you must request it from a member of the treatment staff. They will help you fill out the form and notify the court.
- Your hearing has to occur within 2 court days from the day you make your request. The hospital will arrange transportation.
- The hearing will take place at the county courthouse and will be a matter of public record.
- You will be represented by a Public Defender who will meet with you to help you prepare your case. You can contact the Public Defender at **(619) 338-4617**.

At the Hearing

- A judge will listen to the information from the hospital and from you and your attorney and he/she will decide if you are a Danger to Yourself, a Danger to Others, or Gravely Disabled.
- Your Public Defender will help you present information on your behalf to challenge the hold.
- The facility and/or doctor will have to prove that you meet the criteria for the hold, if they cannot do this, then the judge may release you from your hold. If you wish to receive treatment at the facility as a voluntary patient, you may still request to do so.

Preparing for Your Hearing: Grave Disability

Grave Disability means that you cannot provide or use food, clothing, or shelter due to a mental illness.

If your hold includes Gravely Disabled, it may be helpful for you to be prepared with answers to the following questions:

1. My monthly income is: \$ _____
I get money from: _____

2. I plan to live at this address:
Address: _____
City: _____
State: _____ Zip Code: _____
I will spend this amount \$ _____
on rent or mortgage payments.

3. I will provide for my food this way:

I will spend this amount of money on food: \$ _____

4. I will provide for my clothing this way:

I will spend this amount of money on clothing: \$ _____

5. There are people who will help me, they are listed below:

(Attach a note from these persons which says that they are willing to provide food, clothing, and shelter for you. Make sure it states how to reach them).

6. If I need treatment, I am willing to get treatment from this person or agency:

7. I can get to my meetings and appointments this way:

Need Assistance?
Have Questions?

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