



SAN JOSE POLICE DEPARTMENT

TRAINING BULLETIN

TO: ALL DEPARTMENT PERSONNEL

FROM: Anthony Mata
Chief of Police

SUBJECT: NEW MEDICAL BOOKING FORM

DATE: March 2, 2022

Bulletin# 2022-004

On March 3, 2022, Santa Clara County will be updating their booking process to expedite booking times. As part of this improvement, the County developed a new medical booking form entitled *Agency Advisory Form 4152* (Rev 2/22). This form replaces the old *Agency Advisory Form 4130* (Rev 11/12), commonly referred to as the "Medical Booking Form." The new form is to be used for all arrestees being booked into Santa Clara County Jail.

Please note Section 2 of the new form needs to be completed only if the subject is believed to be a danger to self, danger to others, or gravely disabled (as defined in Welfare and Institutions Code section 5150). Once the County begins accepting this form, they will no longer accept the California Department of Health Care Services *Application for Up to 72-Hour Assessment, Evaluation, and Crisis Intervention or Placement for Evaluation and Treatment* (Form DHCS 1801), commonly referred to as the "5150 Form," for anyone booked directly into jail.

Effective March 3, 2022, all Department members should discard the old *Agency Advisory Form 4130* (Rev 11/12) and begin using the new form *Agency Advisory Form 4152* (Rev 2/22).

A handwritten signature in black ink, appearing to read "A. Mata".

Anthony Mata
Chief of Police

AM:SD:GB

Attachment 1: New *Agency Advisory Form 4152* (Rev 2/22)

**ALL DEPARTMENT PERSONNEL
SUBJECT: NEW MEDICAL BOOKING FORM**

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Attachment 1: New Agency Advisory Form 4152 (Rev 2/22)



**OFFICE OF THE SHERIFF
COUNTY OF SANTA CLARA
AGENCY ADVISORY FORM**

This form must be completed by the arresting agency prior to the arrestee being received by the Santa Clara County Jail.

Arrestee's Name:	Booking #:
Date:	Time:

1. Do you have any information or observations that would indicate that the arrestee has / had any of the following symptoms / problems prior to or during the contact that resulted in the arrest?

Symptom / Problem	Yes	No
Loss of consciousness or head injury?		
Seizure?		
Respiratory problem / difficulty?		
Heart problems (heart disease / chest pain / high blood pressure)?		
Diabetes?		
Known or reported illness or contagious disease (i.e. COVID-19, tuberculosis)?		
Alcohol or drug intoxication?		
Known or visible signs of injury / trauma (describe below)?		
Possible disability / impairment (i.e. mobility, hearing, speech, etc.)?		
Use of assistive device (i.e. wheelchair, walker, cane, glasses, hearing aids, etc.)?		
Bizarre or aggressive behavior?		
Psychiatric / mental health history / developmental disability?		
Demonstrating suicidal behaviors requiring 5150 evaluation (see below)?		

2. Based on the circumstances of the arrest, if you believe the arrestee may be a danger to self, danger to others, or gravely disabled (as those terms are defined in Welfare and Institutions Code §5150), provide the following information:

The arrestee's condition was called to my attention under the following circumstances:

The arrestee engaged in the following conduct / behavior (and / or made the following statements) that indicate that the arrestee may, because of a mental disorder, be a danger to self, danger to others, or gravely disabled (state specific facts, including arrestee's conduct and statements):

3. Were any of the following used on the arrestee?

Technique	Yes	No
Chemical Agent		
Electronic Control Device		
Total Appendage Restraint Device		
Impact Weapon		
Prone position during arrest? Approximate duration (minutes):		
Constriction to neck or throat? Approximate duration (minutes):		

4. If there was any physical resistance by the arrestee prior to or during the arrest, indicate the approximate duration (in minutes) of the resistance:
5. What is the approximate duration (in minutes) the arrestee has been in custody prior to arriving at the jail?
6. If the arrestee ingested any substance or object prior to or during the arrest, describe:
7. If the arrestee was possibly injured prior to or during the arrest due to any cause (i.e. vehicle collision, physical contact **with law enforcement or others, fall, escape attempt**), describe the circumstances:

ARRESTING OFFICER _____ BADGE # _____ AGENCY _____

Reviewed by Receiving Officer _____ Badge _____

Reviewed by Medical / Mental Health _____

Disposition: Original to Administrative Booking file / Yellow copy to Classification / Pink copy to Medical