

Santa Clara County Office of the Public Defender

Fact Sheet:

We provide representation in the following matters:

Criminal Matters (both misdemeanor and felony offenses – not traffic)

Probate Conservatorships – we represent the conservatee, not petitioner

LPS Conservatorships:

1. Writs on involuntary commits at VMC/Hospitals
 - a. We represent them on their request to be released from hold
 - b. We represent person who does not want to their medication
 - c. Medical petitions – represent their capacity to consent
2. Conservatorship application
Law requires it start with the Public Guardian
Family are considered as successor conservator
3. Hearings and Trials on Application to Get Off Conservatorship
4. Hearings and Trials to Request Least Restrictive Placement

Criminal Cases:

Court must appoint us to represent an individual.

We can assist on warrants on failure to appear (exception traffic)

We provide representation for all persons in jail.

What We Cannot Provide:

1. We do not advocate for Social Security Services.
Mental Health Advocacy Project assists in that service
(800) 248-MHAP, (408) 294-9730
2. We cannot request/advocate nor demand medication be ordered
 - a. Only under a conservatorship can someone force medication.
 - b. Courts are mandated under Supreme Court decision in Sell to only order medication in very limited situations.
3. We cannot give legal advice to parents seeking conservatorship.

Contact: Malorie Street, Deputy Public Defender (408) 299-7194
MStreet@pdo.sccgov.org

INMATE MEDICATION INFORMATION

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DOB: _____ BOOKING #: _____

JAIL LOCATION: _____ HOUSING: _____

FAMILY CONTACT INFORMATION

FAMILY CONTACT NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

PSYCHIATRIST/TREATMENT FACILITY INFORMATION

PSYCHIATRIST/LAST TREATMENT FACILITY: _____ DATE OF LAST TREATMENT: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

MEDICAL INFORMATION

DIAGNOSIS: _____

DAYTIME MEDICATIONS: _____

NIGHTTIME MEDICATIONS: _____

PRIOR ADVERSE MEDICATION EFFECTS (i.e. side effects, allergies, poor efficacy): _____

IS SUICIDE A CONCERN? NO _____ YES _____ IF YES, WHY? _____

OTHER MEDICAL CONCERNS: _____

MEDICAL DOCTOR'S NAME: _____ OFFICE PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MEDICAL BOOKING AREA 408-808-5235
MAIN JAIL MENTAL HEALTH BOOKING AREA 408-808-5234
MAIN JAIL MEDICAL CLERICAL AREA 408-808-5236
ELMWOOD/CCW MEDICAL 408-946-8023
ELMWOOD/CCW MENTAL HEALTH 408-263-9148