**Information about the facility that will be admitting the patient**

**for mental health services**

**Name of Accepting Facility:**

1. Contact person’s name at the accepting facility:

Click or tap here to enter text.

1. Address of the accepting facility:

(street address and city)

Click or tap here to enter text.

1. Telephone number of the accepting facility:

(area code and phone number)

Click or tap here to enter text.

1. Fax number of accepting facility:

(area code and fax number)

Please return this information to the

Civil Division of the County Attorney’s Office.

Allyssa Delgadillo – (512) 943-1106

[allyssa.delgadillo@wilco.org](mailto:allyssa.delgadillo@wilco.org)

Kerstin Siptak – 512-943-1113

[kerstin.siptak@wilco.org](mailto:kerstin.siptak@wilco.org)

Janet Briery – (512) 943-1121

[janet.briery@wilco.org](mailto:janet.briery@wilco.org)

Fax No. – (512) 943-1431

**THIS FORM DOES NOT REPLACE THE NEED FOR A LETTER FROM THE ACCEPTING FACILITY.**