



# SAN LUIS OBISPO COUNTY HEALTH AGENCY

## BEHAVIORAL HEALTH

### *Health Information Unit*

2178 Johnson Avenue  
San Luis Obispo, California 93401-4535  
805-781-4724 • FAX 805-781-4271

Date: \_\_\_\_\_

To: (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **RE: Tarasoff Warning**

We are authorized by law to inform you that \_\_\_\_\_  
(person making threat)

has made a serious threat to harm you. During an evaluation on \_\_\_\_\_,  
(date of evaluation)

the person listed above made the following threat: \_\_\_\_\_  
(describe threat made)

\_\_\_\_\_

\_\_\_\_\_ was notified of this threat on \_\_\_\_\_  
(name of law enforcement agency) (date notified)

Officer/Deputy \_\_\_\_\_ Badge/Id # \_\_\_\_\_ took the call.  
(circle one) (officer's/deputy's name) (officer's/deputy's badge #)

The phone number for the above listed officer is \_\_\_\_\_ and the case  
(law enforcement agency phone #)

number or log number assigned is \_\_\_\_\_.  
(case number or log number)

If the person named above is being detained by San Luis Obispo County Jail, Juvenile Services Center, or the Psychiatric Health Facility and you wish to be informed when they are released, please contact the facility directly at the phone numbers listed below.

SLO County Jail: (805) 781-4600

Juvenile Services Center: (805) 781-5352

Psychiatric Health Facility: (805) 781-4712

If you have any questions, please contact me at \_\_\_\_\_  
(phone number)

Name/Title: \_\_\_\_\_  
(name and title of person mailing or emailing letter)

CC: \_\_\_\_\_  
(copy of letter sent to)