

MENTAL HEALTH PROCEDURES ACT OF 1976

(SECTIONS 304 AND 305)

(The blanks below may be completed following admission)

NAME OF PATIENT			LAST	FIRST	MIDDLE	AGE	SEX
NAME OF COUNTY PROGRAM				NAME OF BSU		BSU NO.	
NAME OF FACILITY				ADMISSION DATE		ADMISSION NO.	

_____ PMT _____

INSTRUCTIONS

1. Part I, the petition for order of the court, is to be completed by the director of the facility or his/her authorized representative if the patient is currently receiving treatment. If the patient is not currently receiving treatment, Part I may be completed by any responsible party.
2. Part II is to be completed by persons authorized by the director of the facility to explain rights to patient if the patient is currently in treatment. If the patient is not currently in treatment, it should be left blank. (See No. 7 below.)
3. Part III is to be completed on the basis of a current examination. If the patient is not currently in treatment and has not been examined by a physician, this section may be completed on order of the court under Section 304 (c) (5) of Act 143.
4. Part IV is to be completed by the court.
5. If additional sheets are needed at any point, note on this form the number of pages which are attached.
6. Attach a copy of the treatment plan (if any) and copies of the 302, 303 and 304 forms if previously completed prior to the delivery of this form to the court.
7. If a patient is not currently in treatment, he/she should receive a copy of MH 785-B and a copy of this petition when he/she is notified of this hearing.
8. If the patient is subject to criminal proceedings/detention, briefly describe below. Note special use of Form MH 786 for special criminal provisions.

IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN COMPLETING THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

PART I
PETITION FOR ORDER OF THE COURT

_____ has acted in such a manner as to cause me to believe that
(NAME OF PATIENT)

he/she is severely mentally disabled.

He/she has been examined by _____ and was
found to be in need of treatment.
(NAME OF PHYSICIAN)

He/she has not been examined by a physician, but I believe he/she is in need of treatment.

I, therefore, request that: (Check and complete A, B, C or D)

A. As the patient is currently in _____ receiving involuntary
(304b) (NAME OF FACILITY)

treatment under Section 303, I ask that the court issue an order that the patient be involuntarily committed for: outpatient, partial hospitalization, inpatient treatment.

B. As the patient is currently in _____ receiving involuntary
(305) (NAME OF FACILITY)

treatment under Section 304, I ask that the court issue an order that the patient be involuntarily committed for another period of: outpatient, partial hospitalization, inpatient treatment.

C. As the patient is not currently in a facility receiving treatment, I ask this court to issue an
(304c) order that the patient be involuntarily committed for: outpatient, partial hospitalization, inpatient treatment. (A patient can only be committed involuntarily if the patient is severely mentally disabled.)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgement and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days:

- (i) the person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensure within 30 days unless adequate treatment were afforded under the act; or
- (ii) the person has attempted suicide and that there is the reasonable probability of suicide unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in further of the threat to commit suicide; or
- (iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

D. As the patient is currently in a facility receiving voluntary treatment, I ask the court to issue
(304c) an order that the patient be involuntarily committed for outpatient, partial
hospitalization, inpatient treatment. A patient can only be committed involuntarily if
the patient is severely mentally disabled. See page 2, for a definition of severe mental
disability. (Describe the behavior of the patient within the last 30 days which causes you to
believe that he/she is severely mentally disabled. Use additional sheets if necessary.)

_____ (SIGNATURE OF PETITIONER)	_____ (DATE)
_____ (SIGNATURE OF WITNESS)	_____ (DATE)
_____ (ADDRESS)	_____ (DATE)
_____ (PHONE)	

PART II THE PATIENT'S RIGHTS

I affirm that I have informed the patient of the actions I am taking and have explained to
the patient these procedures and his / her rights as described in Form MH 785-A. I believe that
he/she understands his/her rights, does not understand his/her rights.

_____ (SIGNATURE OF PERSON GIVING RIGHTS)	_____ (DATE)
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PART III RESULTS OF EXAMINATION AND DETERMINATION OF NEED FOR (CONTINUED) TREATMENT

I hereby affirm that I have examined reexamined _____ on
(NAME OF PATIENT)
_____ to determine if he/she continues to be severely mentally disabled and in need of treatment.
(DATE)

RESULTS OF EXAMINATION

(Give complete details of examination. If request is for 304 or 305, describe details giving evidence
that the patient is or remains a clear and present danger to himself/herself or others and indicate how this
is least restrictive treatment setting possible.)

FINDINGS: (Describe your findings in detail, including your findings of severe mental disability.
Use additional sheets if necessary.)

TREATMENT NEEDED: (Describe the treatment needed by the patient. Use additional sheets if necessary.)

In my opinion: (Check A or B.)

- A. The patient is severely mentally disabled and in need of (continued) treatment.
- B. The patient is not in need of involuntary treatment.

(SIGNATURE) (DATE)

**PART IV
ORDER FOR INVOLUNTARY TREATMENT**

Check one: ()

- Order for involuntary treatment under Section 304 (b).
- Order for involuntary treatment under Section 304 (c).
- Order for involuntary treatment under Section 305.

In the court of _____ of _____ County
_____ term, 20 _____

In re: _____ No. _____

This _____ day of _____, 20 _____ after hearing and consideration of (Details of findings. Include details on why treatment is needed. Attach reports, testimony, etc.)

The court finds that the patient is is not severely mentally disabled and in need of (continued) treatment. Accordingly, the court orders that: (Check A or B below)

A. _____ receive: outpatient, partial hospitalization, inpatient treatment as a severely mentally disabled person pursuant to the provisions of the Mental Health Procedures Act of 1976 for a period not to exceed _____ days. At present, this treatment setting is the least restrictive setting appropriate for the patient.
(NAME OF PATIENT)

B. The person is not subject to involuntary treatment.

(Check appropriate block)

The patient was represented by _____
(NAME OF ATTORNEY)

(ADDRESS OF ATTORNEY)

The patient declined representation.

Note: The Court takes judicial notice of the patient's prior involvement with Chester County Mental Health system beginning in _____, and incorporates by reference all prior orders and findings of fact. Specifically: _____

It is further Ordered that Patient's treatment providers shall immediately exchange any and all treatment records and treatment information requested from another mental health treatment provider who is treating Patient or has treated Patient in the past to provide for the continuity of care of Patient pursuant to 55 Pa. Code § 5100.32 - Nonconsensual Release of Information despite Patient's refusal to sign record releases. This Order applies to both written records and verbal conversations between members of Patient's inpatient and outpatient treatment teams. It is further Ordered that Patient's treatment team may contact Patient's family members to discuss appropriate discharge planning if that is necessary.

(IF HEARING IS CONDUCTED BY MENTAL HEALTH REVIEW OFFICER) for the court _____

(MENTAL HEALTH REVIEW OFFICER)

AND NOW, this _____ day of _____, 20____, effective on the date of the order above, after review and consideration of the report, certification of the Mental Health Review Officer, and the findings, the Patient is severely mentally disabled and in need of treatment and, after full consideration of the less restrictive alternatives, it is hereby Ordered that the recommendations of the Mental Health Review Officer are adopted as an order of this Court. This Order expires _____.

by the court _____

(PRINT NAME OF JUDGE)

J.

**NOTICE WITH INTENT TO FILE A PETITION
FOR EXTENDED INVOLUNTARY TREATMENT
AND EXPLANATION OF RIGHTS
(304 b or 305)**

To _____ Date _____

This notice is to inform you that:

1. _____ intends to file an application with the Court of Common Pleas to extend
(NAME OF PETITIONING FACILITY)
your involuntary treatment for
 - up to 90 more days for a 304 commitment, or
 - up to 180 days for a 305 commitment, or
 - up to 1 year for a 304 (g) (2) commitment.
2. The court will consider this petition within 5 days after it is filed. You will be informed of the time and place of the hearing as soon as it is set.
3. You will be given a copy of the petition when it is filed. It will describe your specific behavior and your diagnosis which will be considered by the court.
4. You have the right to be represented by a lawyer at the hearing. Unless you retain a private lawyer, the court will appoint a lawyer for you.
5. You have the right to employ a physician, clinical psychologist or other expert in mental health to assist you in connection with the hearing and to testify on your behalf. If you cannot afford such a professional, ask the court to permit a reasonable fee for you to hire professional assistance.
6. You will be permitted to attend the hearing. You and your lawyer will have the right to question your examining doctor and any other witnesses and to present information on your behalf.
7. If you disagree with the court's order, ask your lawyer how to appeal.
8. In addition to the above rights, you continue to have the rights described in the patient's bill of rights. If you have lost or misplaced your copy, ask for another copy.

If you have any questions regarding your rights under these procedures, you may ask:

(NAME OF MENTAL HEALTH WORKER)

(SIGNATURE OF MEMBER OF TREATMENT TEAM)

**NOTICE OF A HEARING ON
PETITION FOR INVOLUNTARY TREATMENT
AND EXPLANATION OF RIGHTS
(304 c)**

This notice is to inform you that:

1. A petition has been filed with the Court of Common Pleas for your involuntary examination and treatment at a mental health facility. The court will consider this petition at a hearing as described in the attached summons. A copy of this petition is attached to this notice.
2. An attorney, _____
(NAME AND TELEPHONE NUMBER)
has been appointed to represent you at the hearing and will represent you unless you obtain another attorney yourself.
3. You have a right to be assisted during the hearing by an expert in the field of mental health (such as a psychiatrist, psychologist, or a psychiatric social worker) of your own choosing.
4. You may request, or the court may order, that you undergo an examination by a psychiatrist before a decision is made at the hearing. During this examination your attorney may be present if you desire.
5. You will be permitted to attend the hearing. You and your lawyer will have the right to question your examining doctor and any other witnesses and to present information on your behalf.
6. If you are committed to a mental health facility, you will have the rights described in the attached bill of rights while you are a patient there.
7. If you do not understand any of your rights under these procedures, ask your attorney or the judge or hearing officer to explain them further to you.