

APPLICATION FOR EXTENDED INVOLUNTARY TREATMENT

MENTAL HEALTH PROCEDURES ACT OF 1976 (SECTION 303)

(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 must be completed by the petitioner. The petitioner will generally be the director, acting director, or appropriate designated staff within the facility where the patient is being treated.
2. Part II is to be completed by persons authorized by the director of the facility to explain rights to the patients.
3. Part III is to be completed by a physician who has personally examined the patient.
4. Part IV is to be completed by a judge or a Mental Health Review Officer.
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 and the 302 form prior to its delivery to the court.
7. The patient should receive a copy of MH 784-A, a copy of this petition, and a copy of Part I or the 302 form when this 303 form is filed with the court.
8. If the patient is subject to criminal proceedings/detention, briefly describe below.

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
REQUEST FOR CERTIFICATION**

_____ has acted in such manner as to cause a responsible party
(NAME OF PATIENT)

to believe that he/she is severely mentally disabled as specified in the attached 302 form. He/she was admitted to _____ for involuntary emergency examination and
(NAME OF FACILITY)

treatment on _____ at _____ under Section 302. He/she was examined by
(DATE) (EXACT TIME)

_____ and was found to be in need of continued treatment.
(NAME OF PHYSICIAN)

I respectfully request, therefore, that he/she be certified by the court for extended involuntary emergency treatment under Section 303.

(SIGNATURE OF PETITIONER)

(DATE)

(TITLE OF PETITIONER)

**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 784-A. I believe that he/she understands, does not understand these rights.

(SIGNATURE OF PERSON GIVING RIGHTS)

(DATE)

**PART III
PHYSICIAN'S EXAMINATION**

I hereby affirm that I have examined _____ on
(NAME OF PATIENT)

_____ to determine if he/she continued to be severely mentally ill and in need of treatment.
(DATE)

RESULTS OF EXAMINATION

FINDINGS: (Describe your findings in detail. Use additional sheets if necessary.)

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

In my opinion: (Check A or B.)

- A. The patient continues to be severely mentally disabled and in need of treatment.
- B. The patient is not severely mentally disabled and in need of involuntary treatment.

(SIGNATURE OF EXAMINING OR TREATING PHYSICIAN) (DATE)

**PART IV
CERTIFICATION BY THE COURT FOR EXTENDED INVOLUNTARY
EMERGENCY TREATMENT-SECTION 303**

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

In re: _____ No. _____

CERTIFICATION FOR EXTENDED TREATMENT

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

The court finds that the patient [is is not] severely mentally disabled and in need of Treatment to prevent a clear and present danger of: ___ inability to care for self; ___ inflicting serious bodily harm to others; ___ inflicting death or serious harm to self; and/or ___ inflicting self-mutilation. Accordingly, the court orders that: (Check A or B below)

- A. _____ receive: outpatient,
(NAME OF PATIENT) partial hospitalization
 inpatient treatment

which is the least restrictive treatment setting appropriate for the patient of _____ as a severely mentally disabled person pursuant
(NAME OF FACILITY)
to the provisions of section 303 of the Mental Health Procedures Act of 1976
for a period of _____
(NOT TO EXCEED 20 DAYS)

- B. The person is not subject to involuntary treatment.

I have explained to the patient that if his/her conference was before a Mental Health Review Officer he/she may petition the court for a review of any decisions reached at this conference.

(Check appropriate block)

- The patient declined representation.

- The patient was represented by _____
(NAME OF ATTORNEY)

(ADDRESS OF ATTORNEY)

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

J.

**NOTICE OF INTENT TO FILE A PETITION
FOR EXTENDED INVOLUNTARY TREATMENT
AND EXPLANATION OF RIGHTS
(303)**

This notice is to inform you that:

1. _____ intends to file an application with the Court of Common Pleas to extend your involuntary treatment for up to 20 more days.
(NAME OF PETITIONING FACILITY)
2. The court will consider this petition within 24 hours after it is filed. You will be informed of the time and place of the conference as soon as it is set.
3. You will be given a copy of the petition when it is filed. It will detail the specific conduct and medical diagnosis of your examining doctor which will be considered by the court.
4. You have the right to be represented by a lawyer at the conference. If you cannot afford to hire a lawyer, the court will appoint a lawyer for you.
5. You will be permitted to attend the conference. 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 your conference is before a Mental Health Review Officer and if you are not satisfied with the results of your conference, you have the right to ask for a hearing before a judge of the court. The court will hold a conference, review all the evidence presented, and make its own decision as to whether you should be discharged or receive further treatment.
7. 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 EXAMINING DOCTOR OR MEMBER OF TREATMENT TEAM)