

PETITION TO TRANSFER FOR PERSONS
IN INVOLUNTARY TREATMENT

**MENTAL HEALTH PROCEDURES ACT OF 1976
(SECTION 306)**

(FILL IN ALL APPLICABLE BLANKS.)

NAME: (LAST, FIRST, MIDDLE)			AGE:	SEX:
NAME OF COUNTY PROGRAM:	NAME OF BASE SERVICE UNIT (BSU):	BSU NO:	ADMISSION DATE:	
NAME OF FACILITY:	CURRENT COMMITMENT STATUS:	NO. OF DAYS REMAINING ON COMMITMENT:		
NAME OF PROPOSED FACILITY:	PROPOSED ADMISSION DATE:	DATE OF PREPARATION:		

INSTRUCTIONS

1. Part I, the petition for order of the court, is to be completed by the County Administrator or his authorized representative.
2. Part II is to be completed by the treatment team director on the basis of a current determination of the patient's condition.
3. Part III is to be completed by the person designated by the County Administrator to notify the patient that a petition has been filed and that the patient has received a copy.
4. Part IV is to be completed by the court.
5. If additional sheets are needed, please note on this form the number of pages which are attached.
6. A copy of the treatment plan (if any) and copies of Section 302, 303, 304 and 305 forms, if previously completed prior to the delivery of this form to the court, should be attached.

PART I PETITION FOR ORDER OF THE COURT

_____ is currently under a commitment order of the Court of
(NAME OF PATIENT)
 Common Pleas of _____ pursuant to Section _____ and
(COUNTY)
 transfer to another approved facility is necessary and appropriate. The patient:

<input type="checkbox"/> HAS BEEN EXAMINED WITHIN THE LAST 30 DAYS AND WAS FOUND TO BE IN NEED OF TREATMENT.	NAME OF PHYSICIAN
<input type="checkbox"/> HAS NOT BEEN EXAMINED BY A PHYSICIAN WITHIN THE PAST 30 DAYS, BUT I BELIEVE HE/SHE IS IN NEED OF TREATMENT.	

I, therefore, request that he/she be transferred pursuant to Section 306 to an approved facility for continued involuntary treatment under: (Check A, B, C, D, or E)

A. <input type="checkbox"/> SECTION 303	DAYS REMAINING ON CURRENT COMMITMENT	
B. <input type="checkbox"/> SECTION 304 (b)	DAYS REMAINING ON CURRENT COMMITMENT	
C. <input type="checkbox"/> SECTION 304 (c)	DAYS REMAINING ON CURRENT COMMITMENT	
D. <input type="checkbox"/> SECTION 305	DAYS REMAINING ON CURRENT COMMITMENT	
E. <input type="checkbox"/> SECTION _____	DAYS REMAINING ON CURRENT COMMITMENT	

SIGNATURE OF PETITIONER

DATE

PRINT NAME OF PETITIONER

TITLE

ADDRESS

TELEPHONE NUMBER

PART II
EXPLANATION OF DETERMINATION OF NEED TO TRANSFER

I hereby affirm that I have interviewed the patient and have reviewed the treatment plan and records of _____ on _____
(NAME OF PATIENT) (DATE)
to determine if a transfer is necessary and appropriate.

FINDINGS:

(Give complete details of your review of the treatment plan and records giving evidence that alternative least restrictive plans have been attempted and that a transfer is necessary and appropriate. Use additional sheets if necessary.)

In my opinion, the patient is in need of transfer to another approved facility.

(SIGNATURE) (DATE)

(PRINT NAME AND ADDRESS)

**PART IV
(CONTINUED)**

The court finds that the patient is is not appropriate for transfer to an approved facility. Accordingly, the court orders that:

(Check A or B below)

A. _____ receive treatment as a severely mentally disabled person pursuant to the provisions of the Mental Health Procedures Act of 1976 for a period of time not to exceed _____ at

(NAME OF PATIENT)

(NAME OF FACILITY)

A The person is not subject to transfer.

(Check appropriate block)

B The patient was represented by _____

(NAME OF ATTORNEY)

(ADDRESS OF ATTORNEY)

The patient was declined representation:

For the court

(MENTAL HEALTH REVIEW OFFICER/JUDGE)

(PRINT NAME OF MENTAL HEALTH REVIEW OFFICER/JUDGE)

(DATE)

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.

(PRINT NAME OF JUDGE)

**NOTICE OF A HEARING ON
PETITION TO TRANSFER FOR INVOLUNTARY TREATMENT
AND EXPLANATION OF RIGHTS
MENTAL HEALTH PROCEDURES ACT OF 1976
(SECTION 306)**

This notice is to inform you that:

1. A petition has been filed with the Court of Common Pleas for a hearing to determine if a transfer to a more restrictive setting is necessary and appropriate. 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 have the right to attend the hearing. You and your lawyer will have the right to question any witnesses and to present information on your behalf.
6. If you are transferred to an inpatient mental health facility, you will have the rights described in MH 782 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.