

NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Uniform Firearms Act, 18 Pa.C.S. 61 05(c)(4) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1976 (P.L. 817, No. 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 Pa.C.S.A 5501. Pursuant to the Pennsylvania Mental Health Procedures Act, Section 109, notification shall be transmitted to the Pennsylvania State Police by the judge, mental health review officer, or county mental health and Intellectual and Developmental Disabilities administrator within SEVEN days of the adjudication, commitment or treatment by first class mail to the Pennsylvania State Police, Attention: Firearm Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. Note: The envelope shall be marked "CONFIDENTIAL."

Place an "X" on either Involuntary Commitment and indicate 302, 303, 304 or Adjudicated Incompetent

PRINT CLEARLY OR TYPE 302 303 304 OTHER:
INVOLUNTARY COMMITMENT [] [] [] [] ADJUDICATED INCOMPETENT []

DATE OF COMMITMENT OR ADJUDICATED INCOMPETENT

INDIVIDUAL INFORMATION - INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT

LAST NAME FIRST MIDDLE

JR., ETC. MAIDEN NAME ALIAS

DATE OF BIRTH SOCIAL SECURITY NUMBER (optional, but will help prevent misidentification)

SEX RACE HEIGHT WEIGHT HAIR EYES

ADDRESS

302 Commitment Requires Physician's Certification

Physician Certifying Necessity of Involuntary Commitment (Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act) Please Sign and Print Name

Hospital/Facility Providing Treatment/Address

NOTIFICATION BY (Please print name, address, area code, and phone number of agency or county court.)

County Submitting Notification: Chester County Mental Health/Intellectual and Developmental Disabilities, 601 Westtown Road, Suite #340, P.O. Box 2747, West Chester, PA 19380-0990, phone (610)344-6265.

County Mental Health/Intellectual & Developmental Disabilities Administrator: Linda Cox

Signature of Notifying Official Date

303 and 304 Commitment requires the Judge's name authorizing the commitment, case number & order date

Judge/Review Officer

Court Case Number Date of Court Order

NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Uniform Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by physician to the Pennsylvania State Police through the county mental health intellectual & developmental disabilities administrator or mental health review officer.

Name of Physician (Please print)

Signature of Physician Date