

# WELCOME TO IRES

INFORMATION, REFERRAL & EMERGENCY SERVICES

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TRAINING MANUAL

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**Message from**  
**Allegheny County**  
**Department of Human Services**  
**Office of Behavioral Health**

- While reviewing the “Original” 302 forms (MH 783) that are sent to the Office of Behavioral Health, it is evident that there needs to be **more time and attention** given to the completion of these forms.
- The “302 Warrant” is a **LEGAL INSTRUMENT** that curtails the civil liberties of psychiatrically impaired individuals to provide them treatment “against their will”. We must make certain that this is done in compliance with the dictates of the 1976 Mental Health Procedures Act of Pennsylvania, as amended in 1978.
- Staff involved in facilitating this process must make certain that the petitions be **completed with accuracy, legibly and in full**. Once the forms are COMPLETED, SIGNED and CALLED IN FOR AUTHORIZATION **NOTHING MAY BE ADDED TO OR DELETED FROM THE FORMS**. Errors made during the completion of the forms CAN BE CORRECTED BY DRAWING A LINE THROUGH THE ERROR, WRITING “ERROR” AND INITIALING IT.
- Many times original 302 forms being reviewed by the Allegheny County Office of Behavioral Health are found to be only PARTIALLY COMPLETED. Pertinent information has been missing, such as:
  - (1) documentation that the consumer was read their rights
  - (2) arrival and exam time on the physician’s examination page, and
  - (3) the name of the consumer included on the warrant

**THIS CANNOT CONTINUE AS IT MAY INVALIDATE THE PETITION!**

# IMPORTANT POINTS TO REMEMBER

- Commitment procedures are a legal process governed by the Pennsylvania Mental Health Act of 1976
- 302 Petitions are authorized in the county where the consumer is currently located
- Once a 302 is approved, the consumer may be transferred anywhere within the Commonwealth of Pennsylvania
- If a person is admitted to a hospital under commitment, the consumer loses their right to possess, use, manufacture, control, sell or transfer a firearm under ACT 77
- Commitment hearings are attended by the Mental Health Review Officer, Public Defender/or Private Attorney, County Solicitor, Petitioner, Physician, County Mental Health Delegate and Hearing Coordinator or Social Worker. All other attendees must have the approval of the consumer and his/her attorney

# COMMITMENT LEVELS

- 201..... Voluntary in-patient commitment
- 302..... Involuntary examination and commitment for up to 120 hours from the time of the physician exam at a designated facility ER
- 303..... Extension of treatment up to an additional 20 days from the hearing date and following the 302
- 304b..... Extension for up to an additional 90 days from the hearing date and following the 303
- 304c (Sec. d)..... Changing In-patient commitment status from Voluntary to Involuntary status for up to 90 days from the hearing date
- 304c (Sec. c)..... Changing Voluntary out-patient status to Involuntary In-patient status for up to 90 days from the date of the hearing
- 305..... Extension for up to an additional 180 days from the hearing date and following the 304b or 304c
- 306..... Used to amend the order for the current commitment facility to a more restrictive setting

# Mental Health Checklists

# Mental Health Procedures Act Checklist

## Section Number: 201

<b>Purpose:</b>	Voluntary examination and treatment
<b>General Requirements:</b>	Voluntary consent to receive in-patient treatment
<b>Who May Apply:</b>	Any person 14 years of age or older. Parent or guardian of child under 14 years of age or from 14-18 with the recommendation of a Doctor. If 14 to 17 years old, parents must be informed of their right to object and be given a Notification of Admission of a Child form (MH781-E-8-76)
<b>Form &amp; Application</b>	Signed consent to in-patient treatment. Form MH-781 a, b, c as necessary. MH-782 Bill of Rights.
<b>Hearing Required:</b>	No
<b>Examination / Evaluation:</b>	By physician
<b>Who Makes the Decision:</b>	Examining physician
<b>Duration of Commitment / Treatment:</b>	Indefinite stay is permitted. Must give from 0 up to 72 hours notice to withdraw, if applicable. May be subject to 302 or 304c commitment upon withdrawal of voluntary consent

# Mental Health Procedures Act Checklist

## Section Number: 302

<b>Purpose:</b>	Involuntary Emergency Examination and Treatment
<b>General Requirements:</b>	Severe mental disability based upon clear and present danger to self or others. Overt behaviors of threats with acts to further the threats occurring within the past 30 days.
<b>Who May Apply:</b>	Any responsible person may apply to the County Administrator or his/her delegate. Upon personal observation of Section 301 behavior, any physician, police officer or authorized person may take the person to an approved facility.
<b>Form &amp; Application</b>	Application must be in writing signed by petitioner. Approved by County Administrator or his/her delegate.  Form MH-783. No form required until the person is at the facility
<b>Hearing Required:</b>	No
<b>Examination / Evaluation:</b>	By physician at designated facility.
<b>Who Makes the Decision:</b>	Examining Physician
<b>Duration of Commitment / Treatment:</b>	May not exceed 120 hours from time of physician exam at designated facility. Patient may be subject to 303 commitment. Patient may convert to voluntary status

# Mental Health Procedures Act Checklist

## Section Number: 303

<b>Purpose:</b>	Extended Involuntary Emergency Treatment
<b>General Requirements:</b>	Patient has been subject to prior 302 commitment and extended continued treatment is recommended.
<b>Who May Apply:</b>	Director of facility, or any responsible person.
<b>Form &amp; Application</b>	Application must be in writing, signed by petitioner. Form MH-784
<b>Hearing Required:</b>	Yes
<b>Examination / Evaluation:</b>	By physician
<b>Who Makes the Decision:</b>	Mental Health Review Officer. (MHRO)
<b>Duration of Commitment / Treatment:</b>	May not exceed 20 days from date of certification order. Commitment may be to in-patient, partial hospitalization, or out-patient. Patient may convert to voluntary status. Patient may be subject to 304b.

# Mental Health Procedures Act Checklist

## Section Number: 304b

<b>Purpose:</b>	Court ordered involuntary treatment for persons presently subject to involuntary treatment
<b>General Requirements:</b>	Patient met 302 criteria, has been subject to prior 303 commitment and extended treatment is recommended.
<b>Who May Apply:</b>	Director of facility, or County Administrator
<b>Form &amp; Application</b>	Application must be in writing, signed by petitioner. Form MH-785 and Form MH-785a
<b>Hearing Required:</b>	Yes
<b>Examination / Evaluation:</b>	By physician
<b>Who Makes the Decision:</b>	MHRO or Orphan's Court Judge
<b>Duration of Commitment / Treatment:</b>	May not exceed 90 days from date the court order is signed by Orphan's Court Judge. Commitment may be to in-patient, partial hospitalization or out-patient. Patient may be subject to 305 commitment. Patient may convert to voluntary status

# Mental Health Procedures Act Checklist

## Section Number: 304c

<b>Purpose:</b>	Court ordered involuntary treatment for persons NOT presently subject to involuntary treatment
<b>General Requirements:</b>	Same criteria as 302, but on a less than emergency basis. Patient can safely wait 72 hrs. until a hearing . Patient must be served with a copy of the petition at least 72 hours prior to the hearing date.
<b>Who May Apply:</b>	Any responsible person
<b>Form &amp; Application</b>	Application must be in writing, signed by petitioner.  Form MH-785
<b>Hearing Required:</b>	Yes
<b>Examination / Evaluation:</b>	Court may order an in-patient or out-patient psychiatric evaluation
<b>Who Makes the Decision:</b>	MHRO or Orphan's Court Judge.
<b>Duration of Commitment / Treatment:</b>	May not exceed 90 days from the date the court order is signed by the Orphan's Court Judge. Commitment may be to in-patient, partial hospitalization or out-patient treatment. Patient may be subject to further court ordered commitment (305). May convert to voluntary status

# Mental Health Procedures Act Checklist

## Section Number: 305

<b>Purpose:</b>	Additional periods of court ordered involuntary treatment
<b>General Requirements:</b>	Patient has been subject to prior 304 commitment. Continued presence of mental illness which led to dangerous behavior. Continued dangerous behavior is not required. Need for continued treatment is recommended as being 'necessary and appropriate.'
<b>Who May Apply:</b>	Director of facility or County Administrator
<b>Form &amp; Application</b>	Application must be in writing, signed by petitioner. Form MH-785
<b>Hearing Required:</b>	Yes
<b>Examination / Evaluation:</b>	By physician
<b>Who Makes the Decision:</b>	MHRO or Orphan's Court Judge
<b>Duration of Commitment / Treatment:</b>	Not to exceed 180 days from the date the Orphan's Court Judge signed the court order

# Mental Health Procedures Act Checklist

## Section Number: 306

Purpose:	Transfer of Person in Involuntary Treatment: <ol style="list-style-type: none"><li>1. To setting of greater restraint</li><li>2. To setting of lesser restraint</li></ol>
General Requirements:	<ol style="list-style-type: none"><li>1. person is non-compliant with their treatment plan. Mental Illness present at time of commitment has not improved. Or Person complies with treatment but mental condition has deteriorated.</li><li>2. Mental illness present at time of inpatient commitment has improved. Documented need for involuntary out-patient treatment is 'necessary and appropriate'.</li></ol>
Who May Apply:	<ol style="list-style-type: none"><li>1. Director of facility or County Administrator</li><li>2. Director of facility</li></ol>
Form & Application	<ol style="list-style-type: none"><li>1. Application must be in writing, signed by petitioner. Form MH-788 and Form MH 788.1</li><li>2. Application must be in writing, signed by Superintendent/ Director of Facility or designee.</li></ol>
Hearing Required:	<ol style="list-style-type: none"><li>1. Yes</li><li>2. No</li></ol>
Examination / Evaluation:	<ol style="list-style-type: none"><li>1. By physician if requested by Court</li><li>2. Not required</li></ol>
Who Makes the Decision:	<ol style="list-style-type: none"><li>1. MHRO or Orphan's Court Judge</li><li>2. Superintendent/ Director of facility in cooperation with County Administrator</li></ol>
Duration of Commitment / Treatment:	<ol style="list-style-type: none"><li>1. Not to exceed the number of days remaining on current commitment order.</li><li>2. Not to exceed the number of days remaining on current commitment order.</li></ol>

# Voluntary Commitments

# VOLUNTARY COMMITMENTS

- Persons who are 14 years of age or older who believe they need treatment and understand the necessity for it, may submit themselves for examination and treatment voluntarily. The parent or guardian of a child less than 14 years of age may authorize the child to receive such treatment
- If a child aged 14 to 18 years admits themselves for voluntary treatment the hospital **MUST COMPLETE FORM MH 781-E-8-76 – NOTIFICATION OF ADMISSION OF A CHILD** and send it to the parent or legal guardian
- Act 147 allows a parent or legal guardian to sign a child into the hospital under a voluntary commitment if the child is **ALREADY AT THE EMERGENCY ROOM**
- The Mental Health Act allows for the individual to give notice when requesting to leave the hospital **AGAINST MEDICAL ADVICE**. The Act states **NOTICE can be from zero (0) up to 72 hours**. The length of time is in the **discretion of the individual**

# **FORMS NECESSARY FOR VOLUNTARY COMMITMENT**

1. **MH 781-7/82:** Consent for Treatment
2. **MH 781-BCD – 2/87:** Explanation of Voluntary Admission Rights
3. **MH 782 – 2/87:** Bill of Rights
4. **MH 781-E-8/76:** Notification of Admission of Child
5. **MH 781F – 2/87:** FORM NECESSARY TO WITHDRAW FROM TREATMENT

# CONSENT FOR VOLUNTARY IN-PATIENT TREATMENT

LAST NAME OF PATIENT		FIRST	MIDDLE	AGE	SEX
NAME OF COUNTY PROGRAM	NAME OF BASE SERVICE UNIT	BASE SERVICE UNIT NO.		PATIENT'S SOC. SEC. NO.	
NAME OF FACILITY		ADMISSION DATE		ADMISSION NUMBER	

## INSTRUCTIONS

**BEFORE SIGNING THIS FORM, YOUR TREATMENT SHOULD BE EXPLAINED TO YOU AND YOU MUST BE GIVEN A COPY OF THE PATIENT'S BILL OF RIGHTS. THE REPORT OF YOUR INITIAL EVALUATION AND THE PROPOSED TREATMENT PLAN MUST BE COMPLETED AND SIGNED BY YOU AND THE PHYSICIAN.**

### VOLUNTARY CONSENT TO IN-PATIENT TREATMENT

For the above-named person who is: (check ONE)

An adult 18 years of age or older; or

A person who is at least 14 years of age but not yet 18 years old

I consent to the treatment which has been explained to me including the types of medication, examination procedures and the types of restrictions which are applicable; and

I understand that in order to leave before I am discharged, I must give **up to 72 hours** advance notice in writing to those in charge of my treatment; and

I confirm that my rights and responsibilities while a patient in this hospital have been explained to me.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE OF SIGNATURE

For the above-named person who is:

Under 14 years of age

I consent to the treatment of my child or ward which has been explained to me including the types of medication, examination procedures and the types of restrictions which are applicable; and

I understand that in order to take my child or ward out of the hospital before he or she is discharged, I must give **up to 72 hours** advance notice in writing to those in charge of the patient's treatment; and

I confirm that the rights and responsibilities for myself and my child or ward while a patient in this hospital have been explained to me.

\_\_\_\_\_  
SIGNATURE OF: (CHECK ONE)  PARENT OR  GUARDIAN

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
PRINT NAME OF PERSON SIGNING ABOVE

# INITIAL EVALUATION AND TREATMENT PLAN

INITIAL FINDINGS:

DESCRIPTION OF PROPOSED TREATMENT PLAN:

DESCRIPTION OF PROPOSED RESTRICTIONS AND RESTRAINTS:

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN / DATE

\_\_\_\_\_  
SIGNATURE OF CLIENT, PARENT OR GUARDIAN / DATE

Any person who knowingly provides any false information when he/she completes this form may be subject to prosecution

# EXPLANATION OF VOLUNTARY ADMISSION RIGHTS

FOR ADULT PATIENTS, PATIENTS 14 YEARS OF AGE OR OVER BUT LESS THAN 18 YEARS OF AGE, AND FOR THE PARENTS OR GUARDIANS OF CHILDREN UNDER 14 YEARS OF AGE

Before your or your child's voluntary admission to this hospital, you or your child has the right to:

1. An explanation of the type of treatment which may be involved.
2. An explanation of any restraints or restrictions to which may be used.

Upon your or your child's admission, you or your child will have the following rights:

1. Within 72 hours after admission, a plan of treatment will be developed. You may participate in the development of this plan.
2. You may withdraw or you may withdraw your child from treatment at any time by giving written notice in advance to the Director of the facility; however,
3. You may be asked to agree to remain or allow your child to remain in the facility for a specified period of time up to 72 hours after you request discharge. If, when you request discharge, you are asked to remain or allow your child to remain, for this period of time, someone will immediately explain why to you. The facility may institute involuntary commitment proceedings during this period.
4. You or your child may not be transferred from this facility to another facility without your consent.

In addition to the above rights, the Bill of Rights attached applies to you and your child, upon admission. You will receive a longer, more detailed version of these rights with 72 hours of admission. If you do not understand any of these rights, \_\_\_\_\_ would be pleased to discuss them with you.

(NAME OF MENTAL HEALTH WORKER)

## IMPORTANT NOTICES

If you are 14 years of age or over, but less than 18 years of age: Treatment does not require your parents' consent; however, according to the Mental Health Procedures Act of 1976, the Director of this facility is required to inform your parent or guardian of your admission. Your parent or guardian has the right to object to your treatment and may ask the court for a hearing on their objections.

If you are under 14 years of age: If any responsible person believes that treatment in this facility is not in your best interest, that person may ask the court for a hearing on their objections.

**A COPY OF THIS FORM MUST BE GIVEN TO CONSUMER**

# **BILL OF RIGHTS**

## **YOU HAVE A RIGHT TO BE TREATED WITH DIGNITY AND RESPECT**

### **YOU SHALL RETAIN ALL CIVIL RIGHTS THAT HAVE NOT BEEN SPECIFICALLY CURTAILED BY ORDER OF COURT**

1. You have the right to unrestricted and private communication inside and outside this facility including the following rights:
  - a. To peaceful assembly and to join with other patients to organize a body of or participate in patient government when patient government has been determined to be feasible by the facility.
  - b. To be assisted by an advocate of your choice in the assertion of your rights and to see a lawyer in private at any time.
  - c. To make complaints and to have your complaints heard and adjudicated promptly.
  - d. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor would seriously interfere with your or others treatment or welfare.
  - e. To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reason in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
  - f. To have access to telephones designated for patient use.
2. You have the right to practice the religion of your choice or to abstain from religious practices.
3. You have the right to keep and to use personal possessions; unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded and explained to you. You have the right to sell any personal article you make and keep the proceeds from its sale.
4. You have the right to handle your personal affairs including making contracts, holding a driver's license or professional license, marrying or obtaining a divorce or writing a will.
5. You have the right to participate in the development and review of your treatment plan.
6. You have the right to receive treatment in the least restrictive setting within the facility necessary to accomplish the treatment goals.
7. You have the right to be discharged from the facility as soon as you no longer need care and treatment.
8. You have the right not to be subjected to any harsh or unusual treatment.
9. If you have been involuntarily committed in accordance with civil court proceedings, and you are not receiving treatment, and you are not dangerous to yourself or to others, and you can survive safely in the community, you have the right to be discharged from the facility.
10. You have a right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.

**A COPY OF THIS FORM MUST BE GIVEN TO CONSUMER**

# PATIENT CONSENT TO TRANSFER

(For transfer of voluntary patient under Article II of the Mental Health Procedures Act of 1976 of patient governed by Section 415 (d) of the Mental Health and Mental Retardation Act of 1966.)

I, \_\_\_\_\_, hereby give my consent for the  
(PRINT NAME OF PATIENT)  
facility at which I currently reside to send a copy of my case record to  
\_\_\_\_\_ for the purpose of planning for my  
(NAME OF FACILITY)  
transfer there. I further give my consent for my transfer to the above listed facility.

\_\_\_\_\_  
SIGNATURE OF PATIENT (If under 18 years of age, the consent of parent or  
person or Agency having legal custody must be obtained)

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

\_\_\_\_\_  
DATE

I, \_\_\_\_\_, certify that I have fully explained  
(PRINT NAME OF WITNESS)  
this form to the patient and witnessed his/her signature.

\_\_\_\_\_  
SIGNATURE OF WITNESS

**FORM MUST BE COMPLETED IF CONSUMER IS BEING TRANSFERRED TO ANOTHER HOSPITAL**

**REQUEST TO WITHDRAW FROM TREATMENT**  
**(Form MUST be completed in its entirety)**

Name of Patient: \_\_\_\_\_

I, \_\_\_\_\_, hereby give notice of intent to withdraw  
(NAME OF PATIENT / PARENT / OR GUARDIAN OF MINOR)  
myself/my child within the next \_\_\_\_\_ hours from treatment. I understand that a member of the treatment staff  
(UP TO 72)  
may discuss this matter with me and make a decision during this time period.

\_\_\_\_\_  
SIGNATURE OF PATIENT / PARENT / OR GUARDIAN OF MINOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN OF PATIENT UNDER 14 YEARS OF AGE

\_\_\_\_\_  
RELATIONSHIP TO MINOR, IF PARENT OR GUARDIAN

\_\_\_\_\_  
NAME OF FACILITY STAFF MEMBER RECEIVING REQUEST

\_\_\_\_\_  
DATE RECEIVED

**ACT**

**147**

# **ACT 147**

- Act No. 2004-147 gives a Parent or Legal Guardian the authority to sign a juvenile between the ages of 14 and 18 into a hospital on a Voluntary Commitment following the recommendation of a physician for in-patient care.
- If the juvenile between the ages of 14 and 18 is not already in an emergency room they **MUST MEET 302** criteria to transport them to the ER against their will.

# ACT 147

## CONSENT TO TREATMENT

### Out-patient Treatment:

- **Who can consent to Out-patient Care?** A juvenile age 14 to 18 years old can consent to out-patient mental health examination and treatment for him/herself without parental consent. A parent or legal guardian of a juvenile under the age of 18 years can also provide consent without the juvenile's consent.
- **Can the non-consenting person override consent?** No. In either situation, the consent of one is sufficient without the consent of the other. A juvenile cannot abrogate consent that has been provided by a parent or guardian and, likewise, the parent or guardian cannot abrogate consent that a juvenile has provided.
- **Can parents object to out-patient treatment for which a juvenile provided consent?** No. Neither the MHPA nor this Act provides a formal procedure through which a parent/guardian can object to voluntary out-patient treatment for which a juvenile has provided consent, nor do they expressly confer any rights on a parent/guardian to do so.

# ACT 147

## CONSENT TO TREATMENT

### In-patient Treatment:

- **Who can consent to In-patient Care?** The juvenile age 14 to 18 years old can give consent for in-patient care, as well as a parent or legal guardian for a child age 0 to 14 years.

What is new is that a parent or legal guardian of a juvenile age 14 to 18 years can now provide consent without the juvenile's consent.

- **Are there any extra requirements when parents consent to an in-patient Admission for a JUVENILE age 14 to 18 years? YES**
  - a) Parental consent must be preceded by the recommendation of a physician who has examined the juvenile and requires a physician's order based on a determination that in-patient treatment was appropriate.
  - b) The juvenile must already be in an Emergency Room.
- **Can the child appeal the admission? Yes.** A REQUEST FOR AN APPEAL may be filed in the Court of Common Pleas.



302  
Rules  
&  
Forms

# WHAT A 302 ALLOWS

- A person to be forcibly taken to an approved facility for examination.
- Gives authorization to a Physician to evaluate a person against their will.
- Gives authorization for a person to be held in an approved facility for up to 120 hours from the time of the physician examination in the ER.

# 302

- Anyone who witnesses behavior, or anyone to whom a person has admitted the behavior to, can petition for a 302.
- Petition must specify dangerous behaviors WITHIN 30 DAYS OF THE FILING OF THE PETITION:
  - Dangerous behaviors to SELF
  - Dangerous behaviors to OTHERS
  - And must be DUE TO MENTAL ILLNESS
- Drugs and Alcohol abuse, Domestic Issues, Mental Retardation and Dementia are not in and of themselves committable behaviors.

# 302

## DANGER TO SELF

- Refers to SUICIDE ATTEMPT, SELF MUTILATION or INABILITY TO CARE FOR SELF.
- ATTEMPT: any act with the intent to end one's life or acts in furtherance including an articulated plan.
- PLAN: must be clearly stated and individual must have the ability to carry out their plan.
- SELF-MUTILATION: the intentional injury of body tissue without suicidal intent. (i.e., burning, scratching, banging or hitting body parts, interfering with wound healing, hair pulling.)

# **302**

## **HARM TO OTHERS**

- Includes any act or stated plan to harm an individual or group.
- Individual must make some gesture in furtherance of the threat. (i.e., “I am going to kill you” is not sufficient. Individual has to say how and with what.)
- Individual must be able to carry out the threat.
- These behaviors must be accompanied by symptoms of Mental Illness.

# 302

## INABILITY TO CARE FOR SELF

- Inability to care for self can fall under several categories:
  - Medical – due to symptoms of Mental Illness an individual is unable to make an INFORMED DECISION regarding their medical care which may LEAD TO EMMINENT DANGER. (i.e., individual has hypertension, diabetes, heart disease and refuses to take their medication because it is poisoned or they refuse a life-saving operation because “implants will be put in their head.”)
  - Activities of Daily Living – If a person has not eaten for several days due to Mental Illness and has dropped a significant amount of weight, food is left to rot, pots are left to burn on the stove, cigarette burns on the carpet and furniture, any of these could be grounds for a 302.
- **A 302 DOES NOT ALLOW FOR FORCED MEDICAL CARE**

# **FORMS NECESSARY TO FILE A 302 PETITION**

1. **MH 783 – 7/07:** Application for Involuntary Emergency Examination and Treatment
2. **Justification for Involuntary Treatment**
3. **ACT 77:** Notification of Mental Health Commitment
4. **Allegheny County MH/MR/D&A Acknowledgement Form**
5. **MH 783A – 2/87:** Involuntary Emergency Treatment
6. **MH 782 – 12/06:** Bill of Rights

# APPLICATION FOR INVOLUNTARY EMERGENCY EXAMINATION AND TREATMENT

(Individual as Petitioner / Allegheny County as Authorizing Agent)

## Mental Health Procedures Act of 1976 Section 302

*(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION)*

PATIENT'S LAST NAME	FIRST	MIDDLE	SEX
COMPLETE ENTIRE LINE			COMPLETE
DATE OF BIRTH	SOCIAL SECURITY NUMBER	AGE	
COMPLETE	COMPLETE	COMPLETE	
NAME OF COUNTY PROGRAM	NAME OF BSU	BSU NUMBER	
Allegheny	COMPLETE IF KNOWN	COMPLETE	
NAME OF HOSPITAL / FACILITY	ADMISSION DATE	ADMISSION NUMBER	
COMPLETE	COMPLETE	COMPLETE	

### INSTRUCTIONS

1. Part I must be completed by the person who believes the patient is in need of treatment if this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
2. If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
3. When the patient is taken to the examination facility, the rights described in Form MH 783-A must be explained. Part IV should be signed by the person who explains these rights to the patient.
4. Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
5. Part VI is to be completed by the examining physician.
6. If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
7. If the patient is subject to criminal proceedings/detention, briefly describe below.

COMPLETE IF ANY CRIMINAL CHARGES, COURT DATES OR OUTSTANDING
WARRANTS ARE PENDING
LIST ANY ACTIONS THE HOSPITAL SHOULD TAKE, INCLUDING CONTACT INFORMATION
NECESSARY PRIOR TO CONSUMER'S RELEASE

## IMPORTANT NOTICE

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

### Part I APPLICATION

I believe that \_\_\_\_\_ CONSUMERS'S NAME

PERSON'S NAME

is severely mentally disabled: (Check and complete all applicable for this patient)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment 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.

- DANGER TO OTHERS.** 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:

- DANGER TO SELF** (One box must checked below)
- (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 ensue within 30 days unless adequate treatment were afford under the act; or
- (ii)  the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose 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 furtherance of the threat to commit suicide; or

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

- (i) person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible and state who observed the behavior):

LIST ONLY BEHAVIORS WITNESSED BY THE PETITIONER OR BEHAVIORS
ADMITTED TO THE PETITIONER BY THE CONSUMER WHICH OCCURRED WITHIN
THE PAST 30 DAYS
THREAT OF HARM TO SELF OR OTHERS MUST INCLUDE A STATED PLAN,
THE ABILITY TO CARRY OUT THE PLAN, AND AN ACT OF FURTHERANCE

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that \_\_\_\_\_ CONSUMER'S NAME  
PERSON'S NAME

is in need of involuntary examination and treatment. I request that: (Check A or B – Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

- A.  The County Administrator issues a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment. **(This box MUST be checked if Petitioner is an individual other than a physician or a police officer.)**

PETITIONER MUST COMPLETE

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

COMPLETE

\_\_\_\_\_  
 DATE

PETITIONER MUST COMPLETE

\_\_\_\_\_  
 PRINT NAME AND ADDRESS OF APPLICANT

COMPLETE

\_\_\_\_\_  
 TELEPHONE NUMBER

- B.  That this facility examines the patient to determine his/her need for treatment.

\_\_\_\_\_  
 SIGNATURE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

\_\_\_\_\_  
 TELEPHONE NUMBER

\_\_\_\_\_  
 PRINT ADDRESS

PART II  
**Authorization for Transportation to an Approved Facility for Examination  
Without a Warrant**  
(Under Section 302(a) (2))

For use in emergency situations when the Administrator orally authorizes a responsible person to take a patient to a designated facility for examination without a warrant. When such authorization of a County Administrator or designee is obtained by telephone, the documentation below is required:

---

NAME OF PERSON REQUESTING AUTHORIZATION

---

DATE & TIME OF CALL/AUTHORIZATION

---

REASON FOR ORAL AUTHORIZATION

---

NAME AND TITLE OF PERSON GIVING AUTHORIZATION

I swear or affirm that I personally obtained authorization for transporting the patient to \_\_\_\_\_ from the above-named  
(FACILITY)  
Administrator or his/her representative and that I was advised that documentation of this telephone call is maintained in the Administrator's files.

---

NAME AND ADDRESS

---

RELATIONSHIP TO PATIENT

**Part III  
WARRANT**

(MUST check A or B)

A.  Based upon representations made to me by \_\_\_\_\_ **PETITIONER'S NAME**  
(NAME OF APPLICANT)

I hereby order that \_\_\_\_\_ **CONSUMER'S NAME** shall be taken to  
(NAME OF PERSON)  
and examined at \_\_\_\_\_ **HOSPITAL NAME** and if required,  
(NAME OF FACILITY)  
shall be admitted to a facility designated for treatment for a period of time not to exceed 120  
hours.

Name of facility designated for treatment if other than the facility conducting the examination:

COMPLETE

\_\_\_\_\_

SIGN DELEGATES NAME / INITIALS OF PERSON CALLING FOR WARRANT

DATE & TIME

\_\_\_\_\_  
SIGNATURE OF COUNTY ADMINISTRATOR, OR HIS/HER REPRESENTATIVE

\_\_\_\_\_  
DATE & TIME

COMPLETE

\_\_\_\_\_  
PRINT NAME OF COUNTY ADMINISTRATOR, OR HIS/HER REPRESENTATIVE

**DENIAL OF WARRANT**

B.  The request of the petitioner for a warrant is denied:

\_\_\_\_\_

CHECK B AND COMPLETE WITH REASON DELEGATE GIVES IF

\_\_\_\_\_

WARRANT IS DENIED

\_\_\_\_\_

SIGN DELEGATES NAME / INITIALS OF PERSON CALLING FOR WARRANT

DATE & TIME

\_\_\_\_\_  
SIGNATURE OF COUNTY ADMINISTRATOR, OR HIS/HER REPRESENTATIVE

\_\_\_\_\_  
DATE

**Part IV  
THE PATIENT'S RIGHTS**  
(Must be completed)

I affirm that when the patient arrived at \_\_\_\_\_ **HOSPITAL NAME**  
(NAME OF FACILITY)

I explained his/her rights to him/her. These rights are described in Form MH 783-A. I believe that he/she:

(Check one)

Does understand these rights.

Does NOT understand these rights.

SIGNATURE OF PERSON GIVING RIGHTS TO CONSUMER

COMPLETE

\_\_\_\_\_  
SIGNATURE OF PERSON EXPLAINING RIGHTS

\_\_\_\_\_  
DATE

COMPLETE

\_\_\_\_\_  
PRINT NAME OF PERSON EXPLAINING RIGHTS

Part V

**ACTIONS TAKEN TO PROTECT THE PATIENT'S INTEREST**

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs of any of his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below. Use additional sheets if required.

THE PERSON SIGNING THIS FORM IS TAKING RESPONSIBILITY FOR ALL OF
THE CONSUMER'S BELONGINGS, INCLUDING THEIR HOME AND PERSONAL PROPERTY
IN THE HOME. THEY ARE ALSO TAKING RESPONSIBILITY FOR ANY CHILDREN AND
ASSURING THEIR SAFETY AS WELL AS ANY PETS IN THE HOME.
WE SUGGEST THAT A FAMILY MEMBER OR WHOMEVER ACCOMPANIES THE CONSUMER
TO THE HOSPITAL SIGN THIS SECTION
IF SOMEONE ACCEPTS RESPONSIBILITY OVER THE PHONE, A SECOND HOSPITAL
STAFF MEMBER SHOULD ALSO LISTEN TO THE PHONE CONVERSATION AND
SIGN AS A WITNESS TO WHAT WAS SAID OVER THE PHONE.

SIGNATURE OF PERSON ACCEPTING RESPONSIBILITY OR NAME  
OF PERSON ACCEPTING RESPONSIBILITY OVER THE PHONE

COMPLETE

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR  
OR REPRESENTATIVE

\_\_\_\_\_  
DATE

COMPLETE

\_\_\_\_\_  
PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR  
OR REPRESENTATIVE

Part VI  
**PHYSICIAN'S EXAMINATION**

I affirm that \_\_\_\_\_ CONSUMER'S NAME \_\_\_\_\_ arrived at this facility  
(PERSON'S NAME)  
at       MUST BE EXACT TIME       and was examined by me at       MUST BE EXACT TIME      .  
(EXACT ARRIVAL TIME) (EXACT EXAM TIME)

*(Please list EXACT arrival and examination times. Examination time must follow authorization time.)*

**RESULTS OF EXAMINATION**

FINDINGS: (Describe your findings in detail. Use additional sheets if necessary.)
EXAM MUST TAKE PLACE WITHIN 2 HOURS OF ARRIVAL IF WARRANT HAS ALREADY
BEEN GRANTED, OR WITHIN 2 HOURS AFTER AUTHORIZATION IF THE HOSPITAL
CALLS IN THE WARRANT REQUEST.
IF CONSUMER AGREES TO AN EXAM, THEN REFUSES ADMISSION AND THE
HOSPITAL FILES A 302, ANOTHER EXAM MUST BE DONE FOR THE PETITION.

TREATMENT NEEDED: (Describe the treatment needed by the patient. Continue on additional sheets if necessary)
HOSPITAL HAS NO LEGAL RIGHT TO DO A PSYCHIATRIC EXAM UNLESS
THE CONSUMER AGREES OR A 302 WARRANT IS AUTHORIZED.
TREATMENT NEEDED SHOULD INCLUDE USE OF MEDICATION, RESTRAINTS, ETC.

In my opinion: (Either Box A or Box B MUST be checked)

- A.  The patient is severely mentally disabled and in need of treatment. He or she should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours. (Upholds 302)
  
- B.  The patient is not in need of emergency involuntary treatment. He or she shall be returned to a place which he or she shall reasonably designate. (Overturns 302)

PHYSICIAN'S SIGNATURE	COMPLETE
SIGNATURE OF EXAMINING PHYSICIAN	DATE
COMPLETE	
PRINT NAME OF EXAMINING PHYSICIAN	

# JUSTIFICATION FOR INVOLUNTARY TREATMENT

(To be completed at all commitment levels)

Complete only Section A **OR** Section B

A. I affirm that \_\_\_\_\_ was offered a voluntary admission and explained patients' rights. These rights are described in Form MH 781-B, C, D-7-82.  
(Patient's Name)

Hospital: \_\_\_\_\_

Refused to sign a voluntary

\_\_\_\_\_  
Signature of Person Offering Voluntary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Offering Voluntary

\_\_\_\_\_  
Signature of the Patient

Patient refused to sign form

Patient's comments: \_\_\_\_\_  
COMPLETE IF ANY

B. I, \_\_\_\_\_, M.D., state that it is inappropriate to consider this patient for voluntary treatment.  
(Print Name of Physician)

- Patient was violent and aggressive in the emergency room.
- Patient was in an acute medical crisis in the emergency room.
- Patient has a history of becoming violent when hospitalized.
- Patient is unable to sign informed consent.
- Patient has continually signed out of hospital AMA.
- Patient has continually refused prescribed treatment (i.e. medication).
- Patient has consistently been non-compliant with out-patient treatment recommendations.
- Other: (please specify—cannot say "Physician's Discretion" or just state consumer's diagnosis).

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

Form MUST be signed

\_\_\_\_\_, M.D.

## COMMONWEALTH OF PENNSYLVANIA

**NOTIFICATION OF MENTAL HEALTH COMMITMENT**

The Pennsylvania Uniform Firearms Act, 18 PA. C.S.6105I(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 in-patient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1979 (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 mental retardation administrator within SEVEN days of the adjudication, commitment or treatment by first class mail to the Pennsylvania State Police, Attention: PICS Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. NOTE: The envelope shall be marked "CONFIDENTIAL."

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

**PRINT CLEARLY or TYPE**

<input type="checkbox"/> <b>INVOLUNTARY COMMITMENT (MUST CHECK ONE):</b>		<input type="checkbox"/> <b>ADJUDICATED INCOMPETENT</b>	
<input type="checkbox"/> 302 <input type="checkbox"/> 303 <input type="checkbox"/> 304 <input type="checkbox"/> OTHER			
DATE OF COMMITMENT OR ADJUDICATION:	COUNTY OF COMMITMENT: Allegheny	COUNTY DELEGATE:	

**INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT)**

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
MAIDEN NAME:		KNOWN ALIASES:	
DATE OF BIRTH (MM/DD/YEAR):	SOCIAL SECURITY NUMBER:	RACE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
HEIGHT:	WEIGHT:	HAIR:	EYES:
ADDRESS:			

**302 Commitment Requires Physician's Certification (Required in accordance with Section 6105I(4) of the Uniform Firearms Act)**

PRINT NAME OF PHYSICIAN CERTIFYING NECESSITY OF INVOLUNTARY COMMITMENT:	PHYSICIAN'S SIGNATURE:
PRINT NAME & ADDRESS OF HOSPITAL / FACILITY PROVIDING TREATMENT:	

**NOTIFICATION (303 & 304 Commitment REQUIRES the Judge's name authorizing the commitment, case number & order date)**

MH / MR ADMINISTRATOR / REVIEW OFFICER: Marc Cherna, 304 Wood Street, Pittsburgh, PA 15222	TELEPHONE NUMBER: (412) 350-4456	
NAME OF JUDGE:	COURT CASE NUMBER:	DATE OF COURT ORDER (MM/DD/YEAR):
SIGNATURE OF NOTIFYING OFFICIAL:	DATE:	

**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 Pennsylvania Uniform Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by the physician to the Pennsylvania State Police through the county Mental Health and Mental Retardation Administrator or Mental Health Review Officer.	
PRINT NAME OF PHYSICIAN:	DATE:
SIGNATURE OF PHYSICIAN:	

ALLEGHENY COUNTY MH / MR / D&A PROGRAM

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, the petitioner, acknowledge that I  
(Print Name of Petitioner)  
have been informed that \_\_\_\_\_ may be subject to an  
(Print Name of Patient)  
additional period of involuntary treatment not to exceed twenty (20) days. I further acknowledge that I understand that this  
additional period of time for treatment will be decided at a Court hearing at which I will be required to testify.

I have been advised that a hearing may be scheduled at \_\_\_\_\_  
(Print Name of Hospital)  
Hospital on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and agree to verify the date and time by  
(Day) (Month) (Year)  
contacting the Allegheny County MH / MR Office at (412) 350-4457 or (412) 350-4456.

I understand that failure to attend the hearing may result in the patient's discharge.

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
ADDRESS OF PETITIONER

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**EXPLANATION OF RIGHTS UNDER INVOLUNTARY  
EMERGENCY TREATMENT  
(302)**

You have been brought to \_\_\_\_\_ because a responsible person  
(Print Name of Hospital)  
has observed your conduct and feels that you present a clear danger to yourself or to other people. Within two hours from now, you will be examined by a physician. If the physician finds that you do not need treatment, you will be returned to whatever place you desire within reason. If the physician agrees that you are mentally ill and clearly in danger of harming yourself or someone else, you will be admitted at facility designated by the County Administrator for a period of treatment of up to 120 hours. While you are under examination, or in treatment, you have the following rights:

1. You must be told specifically why you were brought here for emergency examination.
2. You may make up to three (3) completed phone calls immediately.
3. You have the right to communicate with others.
4. You may give to the facility the names of three (3) people whom you want contacted, and they will contact them and keep them informed of your progress while here.
5. The County Mental Health Administrator must take reasonable steps to assure that while you are detained, the health and safety needs of any of your dependents are met and that your personal property and your premises where you live are looked after.
6. You will be provided treatment which is necessary to deal with the emergency so as to protect your health and safety and that of other additional treatment may be provided with your consent.
7. When you are no longer in need of treatment or in 120 hours, whichever comes sooner, you will be discharged unless you agree to remain at the treating facility voluntarily or unless the director of the facility asks the court to extend your treatment for a longer period of time.

In addition to the above rights, the attached Bill of Rights also applies to you. You will receive a longer, more detailed version of the Department of Public Welfare Regulations on rights within 72 hours after your commitment. If you do not understand these rights \_\_\_\_\_ will be pleased to explain them  
(Print Name of Mental Health Worker)  
further to you.

**THIS FORM MUST BE COMPLETED**

**ATTACH COPY TO 302 PETITION – GIVE ORIGINAL TO CONSUMER ALONG WITH A COPY OF THE 302 PETITION**

# **BILL OF RIGHTS**

## **YOU HAVE A RIGHT TO BE TREATED WITH DIGNITY AND RESPECT**

### **YOU SHALL RETAIN ALL CIVIL RIGHTS THAT HAVE NOT BEEN SPECIFICALLY CURTAILED BY ORDER OF COURT**

1. You have the right to unrestricted and private communication inside and outside this facility, including the following rights:
  - a. To peaceful assembly and to join with other patients to organize a body of, or participate in, patient government when patient government has been determined to be feasible by the facility.
  - b. To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time.
  - c. To make complaints and to have your complaints heard and adjudicated promptly.
  - d. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor would seriously interfere with your or others treatment or welfare.
  - e. To receive and send unopened letters and to have out-going letters stamped and mailed. Incoming mail may be examined for good reason in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
  - f. To have access to telephones designated for patient use.
2. You have the right to practice the religion of your choice, or to abstain from religion practices.
3. You have the right to keep and to use personal possessions; unless it has been determined that specific person property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded and explained to you. You have the right to sell any personal article you make and keep the proceeds from its sale.
4. You have the right to handle your personal affairs, including make contracts, holding a driver's license or professional license, marrying or obtaining a divorce and writing a will.
5. You have the right to participate in the development and review of your treatment plan.
6. You have the right to receive treatment in the least restrictive setting within the facility necessary to accomplish the treatment goals.
7. You have the right to be discharged from the facility as soon as you no longer need care and treatment.
8. You have the right not to be subjected to any harsh or unusual treatment.
9. If you have been involuntarily committed in accordance with civil court proceedings, and you are not receiving treatment, and you are not dangerous to yourself or others and you can survive safely in the community, you have the right to be discharged from the facility.
10. You have the right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.

**Marc Cherna, Director**

Office of Behavioral Health  
Human Services Building, 1<sup>ST</sup> Floor  
One Smithfield Street  
Pittsburgh, PA 15222-1900



Ph: (412) 350-4456  
Fax: (412) 350-5477  
TTY: (412) 350-3467

**INFORMATION FOR INDIVIDUALS GIVING TESTIMONY  
AT  
MENTAL HEALTH HEARINGS**

**WHO MAY BE PRESENT:**

**A MENTAL HEALTH REVIEW OFFICER** – this is an attorney appointed by a Judge from Orphan’s Court to listen to information given in these cases and to make a decision. The review officer is “in charge” of the proceedings.

**THE PSYCHIATRIST** – this is the patient’s treating physician who will give testimony regarding the patient’s behavior while in the hospital.

**THE PATIENT’S ATTORNEY** – this may be a public defender or other counsel obtained by the patient for his/her representation.

**THE PATIENT** – the mental health law gives the patient the right to be present at the hearing and speak on his/her own behalf.

**THE MENTAL HEALTH CASEWORKER** – a representative from the Allegheny County Department of Human Services, who helps to organize the commitment process.

**A COUNTY SOLICITOR** – this is an attorney appointed by the court to assist the petitioner in giving testimony.

**PSYCHIATRIC SOCIAL WORKER, NURSE OR AIDE** – members of the hospital treatment team to assist with the proceedings as requested.

**PROCEDURE:**

The review officer will ask those testifying to be “sworn in”, then each person is given the opportunity to present their information. The proceedings are tape recorded and each person will be asked to state his/her name and relationship to the patient before they begin to testify. Only one person is permitted to speak at a time. As a petitioner/family member/concerned person, you may be asked to give information that shows that the patient is dangerous to self and/or others.

---

## POINTS TO REMEMBER:

Only behavior, statements, and observations that occurred within the last 30 days are admissible. Other information will be objected to by the patient's lawyer and dismissed. To prevent this, it may be useful to mention the day(s) when an event occurred.

Be as precise as you can in your descriptions. Remember that words mean different things to different people. For example, you may know exactly what you mean if you use the word "crazy", but the meaning may be unclear to the court. Try to describe the event as graphically and completely as you can. You may be concerned that the patient will be angry if you talk about them and describe the events that led to hospitalization. The goal of the hearing is to decide if the patient needs continued treatment. This can only occur when all the facts are known.

Usually it is best to say only those things that you saw or heard yourself. This is called "firsthand knowledge". Secondhand information is known as "hearsay" and is not admissible.

After you have had a chance to give your testimony, the patient's attorney will be permitted to ask you questions related to what you have said and the incidents you have described. As before, it is important to talk about things that happened in the last 30 days that you witnessed yourself.

After all testimony has been given and the patient's attorney has had a chance to ask questions of each witness, the review officer will make a decision, and the hearing is concluded. The patient and his/her attorney may choose to appeal the decision, in which case the testimony and the review officer's decision are evaluated by the Judge.

**ACT**

**77**

# ACT 77

- Act 77 amended the Mental Health Procedures Act of 1976 and requires all counties to submit to the Pennsylvania State Police the names of all individuals who have been involuntarily committed to in-patient treatment. This Act prohibits anyone committed under Sections 302, 303 or 304 to possess, use, manufacture, control, sell or transfer firearms. A person has the right to request this prohibition be lifted by filing a petition in Orphans Court asking the court to consider expungement of the record.

MENTAL HEALTH PROCEDURES ACT - OMNIBUS AMENDMENTS  
Act of 1996, P.L. 481, No. 77

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MENTAL HEALTH PROCEDURES ACT - OMNIBUS AMENDMENTS

Act of 1996, P.L. 481, No. 77

Session of 1996

No. 1996-77

SB 1566

AN ACT

Amending the act of July 9, 1976 (P.L. 817, No. 143), entitled "An act relating to mental health procedures; providing for the treatment and rights of mentally disabled persons, for voluntary and involuntary examination and treatment and for determinations affecting those charged with crime or under sentence," further providing for mental health review officer, for confidentiality of records, for incompetence to proceed on criminal charges and lack of criminal responsibility as a defense and for competency determination and burden of proof.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 109 of the act of July 9, 1976 (P.L. 817, No. 143), known as the Mental Health Procedures Act, is amended by adding a subsection to read:

Section 109. Mental Health Review Officer.

(d) Notwithstanding any statute to the contrary, judges of the courts of common pleas, mental health review officers and county mental health and mental retardation administrators shall notify the Pennsylvania State Police on a form developed by the Pennsylvania State Police of the identity of any individual who has been adjudicated incompetent or who has been involuntarily committed to a mental institution for in-patient care and treatment under this act or who has been involuntarily treated as described under 18 Pa.C.S. § 6105 (c) (4) (relating to persons not to possess, use, manufacture, control, sell or transfer firearms). The notification shall be transmitted by the judge, mental health review officer or county mental health and mental retardation administrator within seven (7) days of the adjudication, commitment or treatment. Notwithstanding any statute to the contrary, county mental health and mental retardation administrators shall notify the Pennsylvania State Police on a form developed by the Pennsylvania State Police of the identity of any individual who before the effective date of this act had been adjudicated incompetent or had been involuntarily committed to a mental institution for in-patient care treatment under this act or had been involuntarily treated as described in 18 Pa.C.S. § 6105 (c) (4).

Section 2. Sections 111, 402(d) and 403(a) of the act are amended to read:

Section III. Confidentiality of Records.

(a) All documents concerning persons in treatment shall be kept confidential and, without the person's written consent, may not be released or their contents disclosed to anyone except:

- (1) Those engaged in providing treatment for the person;
- (2) The county administrator, pursuant to section 110;
- (3) A court in the course of legal proceedings authorized by this act; and
- (4) Pursuant to Federal rules, statutes and regulations governing disclosure of patient information where treatment is undertaken in a Federal Agency.

In no event, however, shall privileged communications, whether written or oral, be disclosed to anyone without such written consent. This shall not restrict the collection and analysis of clinical or statistical data by the department, the county administrator or the facility so long as the use and dissemination of such data does not identify individual patients. Nothing herein shall be construed to conflict with section 8 of the act of April 14, 1972 (P.L.221, No. 63), known as the "Pennsylvania Drug and Alcohol Abuse Control Act."

(b) This section shall not restrict judges of the courts of common pleas, mental health review officers and county mental health and mental retardation administrators from disclosing information to the Pennsylvania State Police or the Pennsylvania State Police from disclosing information to any person, in accordance with the provisions of 18 Pa.C.S. § 6105 (c)(4) (relating to persons not to possess, use, manufacture, control, sell or transfer firearms).

Section 402. Incompetence to Proceed on Criminal Charges and Lack of Criminal Responsibility as Defense.

(d) Hearing; When Required. The court, either on application or on its own motion, may order an incompetency examination at any stage in the proceedings or may do so without a hearing unless the examination is objected to by the person charged with a crime or by his counsel. In such event, an examination shall be ordered only after determination upon a hearing that there is a prima facie question of incompetency. Upon completion of the examination, a determination of incompetency shall be made by the court where incompetency is established by a preponderance of the evidence.

Section 403. Hearing and Determination of Incompetency to Proceed; Stay of Proceedings; Dismissal of Charges.

(a) Competency Determination and Burden of Proof. [The moving party shall have the burden of establishing incompetency to proceed by clear and convincing evidence. The determination shall be made by the court.] Except for an incompetency examination ordered by the court on its own motion as provided for in section 402(d), the individual making an application to the court for an order directing an incompetency examination shall have the burden of establishing incompetency to proceed by a preponderance of the evidence. The determination shall be made by the court.

Section 3. This act shall take effect immediately.

APPROVED—The 2<sup>nd</sup> day of July, A.D. 1996.  
THOMAS J. RIDGE

## COMMONWEALTH OF PENNSYLVANIA

**NOTIFICATION OF MENTAL HEALTH COMMITMENT**

The Pennsylvania Uniform Firearms Act, 18 PA. C.S.6105(i)(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 in-patient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1979 (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 mental retardation administrator within SEVEN days of the adjudication, commitment or treatment by first class mail to the Pennsylvania State Police, Attention: PICS Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. NOTE: The envelope shall be marked "CONFIDENTIAL."

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

**PRINT CLEARLY or TYPE**

<input type="checkbox"/> <b>INVOLUNTARY COMMITMENT (MUST CHECK ONE):</b>		<input type="checkbox"/> <b>ADJUDICATED INCOMPETENT</b>	
<input type="checkbox"/> 302 <input type="checkbox"/> 303 <input type="checkbox"/> 304 <input type="checkbox"/> OTHER			
DATE OF COMMITMENT OR ADJUDICATION:	COUNTY OF COMMITMENT: Allegheny	COUNTY DELEGATE:	

**INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT)**

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
MAIDEN NAME:		KNOWN ALIASES:	
DATE OF BIRTH (MM/DD/YEAR):	SOCIAL SECURITY NUMBER:	RACE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F
HEIGHT:	WEIGHT:	HAIR:	EYES:
ADDRESS:			

**302 Commitment Requires Physician's Certification (Required in accordance with Section 6105(i)(4) of the Uniform Firearms Act)**

PRINT NAME OF PHYSICIAN CERTIFYING NECESSITY OF INVOLUNTARY COMMITMENT:	PHYSICIAN'S SIGNATURE:
PRINT NAME & ADDRESS OF HOSPITAL / FACILITY PROVIDING TREATMENT:	

**NOTIFICATION (303 & 304 Commitment REQUIRES the Judge's name authorizing the commitment, case number & order date)**

MH / MR ADMINISTRATOR / REVIEW OFFICER: Marc Cherna, 304 Wood Street, Pittsburgh, PA 15222	TELEPHONE NUMBER: (412) 350-4456	
NAME OF JUDGE:	COURT CASE NUMBER:	DATE OF COURT ORDER (MM/DD/YEAR):
SIGNATURE OF NOTIFYING OFFICIAL:	DATE:	

**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 Pennsylvania Uniform Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by the physician to the Pennsylvania State Police through the county Mental Health and Mental Retardation Administrator or Mental Health Review Officer.	
PRINT NAME OF PHYSICIAN:	DATE:
SIGNATURE OF PHYSICIAN:	

## NOTIFICATION OF MENTAL HEALTH COMMITMENT

(1) Preparation:

(i) The form shall be completed by the Judges of the Courts of Common Pleas, Mental Health Review Officers, and County Mental Health and Mental Retardation Administrators to notify the Pennsylvania State Police of the identity of any individual who has been adjudicated incompetent, to include adjudication of incapacity pursuant to 20 Pa.C.S.A. § 5501, or who has been involuntarily committed to a mental institution for in-patient care and treatment, as required by the Uniform Firearms Act and the Mental Health Procedures Act.

(ii) Pursuant to the Uniform Firearms Act, Section 611.1(g)(3), the form shall also be used by physicians when they determine that no severe mental disability exists following the initial examination under Section 302(b) of the Mental Health Procedures Act. Upon receiving the form, the Pennsylvania State Police shall expunge all records of the involuntary commitment.

(iii) The form shall be completed in its entirety. It can either be typewritten, computer generated, or printed in blue or black ink with a ballpoint pen.

(2) Special Instructions:

(i) If a mistake is made during completion of the form and it can be legibly corrected, the initials of the person making the correction shall be placed next to the correction. If the mistake cannot be legibly corrected, the form shall be destroyed and another shall be prepared.

(ii) The form shall be completed as follows:

- a. INVOLUNTARY COMMITMENT/ADJUDICATED INCOMPETENT: Self-explanatory.
- b. Date of Involuntary Commitment or Adjudicated Incompetent: Self-explanatory.

**INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT)**

- c. LAST NAME: Self-explanatory.
- d. FIRST: Self-explanatory.
- e. MIDDLE: Self-explanatory.
- f. JR., ETC.: Self-explanatory.
- g. MAIDEN NAME: Self-explanatory.
- h. ALIAS: Self-explanatory.
- i. DATE OF BIRTH: Enter the date of birth in an eight-digit month/day/year format (e.g., 12/07/1965, 08/11/1966).
- j. SOCIAL SECURITY NUMBER: Enter the Social Security Number, if known.
- k. SEX: i.e., M – Male, and F – Female.
- l. RACE: i.e., W – White, B – Black; I – American Indian, or A – Asian.
- m. HEIGHT: Enter three-digit height in feet and inches (e.g. 508, 600).

- n. **WEIGHT:** Enter three-digit weight in pounds (e.g. 096, 185).
- o. **HAIR:** Enter hair color, i.e., Black, Blonde, Brown, Gray, Red, Sandy, White, or Bald.
- p. **EYES:** Enter eye color, i.e., Black, Blue, Brown, Gray, Green, Hazel, Maroon, or Pink.
- q. **ADDRESS:** Self-explanatory.

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

- r. **COUNTY SUBMITTING NOTIFICATION:** Self-explanatory.
- s. **COUNTY MENTAL HEALTH AND MENTAL RETARDATION ADMINISTRATOR/COUNTY MENTAL HEALTH REVIEW OFFICER/JUDGE:** The agency or county court making the notification to the Pennsylvania State Police shall print the name, address, area code, and phone number of their agency or county court.
- t. **PHYSICIAN:** Provide name, address, area code, and phone number.
- u. **HOSPITAL / FACILITY PROVIDING TREATMENT:** Provide name, address, area code, and phone number.
- v. **SIGNATURE OF NOTIFYING OFFICIAL / DATE:** The individual making the notification shall sign their name and place the date the form is sent to the Pennsylvania State Police.
- w. **COURT CASE NUMBER:** Self-explanatory.
- x. **DATE OF COURT ORDER:** Self-explanatory.

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

- y. **NAME OF PHYSICIAN (please print):** The physician making the determination 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), shall print his or her name.
- z. **SIGNATURE OF PHYSICIAN / DATE:** The physician whose name is printed above shall sign their name and indicate that day's date.

# 303 Rules

# 303

- A 303 is a request to extend the Involuntary In-Patient Hospitalization time for UP TO an additional 20 days following the 302.
- The 303 process:
  - Doctor completes the 303 petition and faxes petition information sheet to county.
  - County Delegate schedules the hearing.
  - 302 Petitioner is notified of date & time of the hearing by the county delegate or the hospital.
  - Hearing will occur at the hospital.
  - A Public Defender will interview the individual and represent them at the hearing.
  - A County Solicitor will represent the PETITION.
  - The treating psychiatrist and petitioner will testify.
  - The individual will testify if they choose to.
  - The Hearing Officer will make a decision to approve or dismiss the petition and designate the number of days.

# 303 Guidelines

- A 303 must be filed within 72 hours of the 302 examination and the hearing **MUST BE HEARD** within 120 hours of the 302 examination.
- The Petitioner must attend the hearing and testify to what they stated in the 302 petition.
- The Doctor must testify that the behavior leading to the 302 was due to Mental Illness and will likely lead to **imminent danger to the individual or others if the individual is released.**

# Can a 303 Hearing be Continued?

- A request may be submitted for consideration to the Public Defender assigned to the case if:
  - The individual is on a Medical Unit AND is unable to attend the hearing.
  - The treating psychiatrist has filed a 303 within 72 hours of the 302 exam.
  - The hospital has completed in its entirety and faxed a **Medical Continuation Information Sheet** to Allegheny County Mental Health Office (412-350-5477) within 72 hours of the 302 examination.
- An agreement for a continuation is always a decision made by the Public Defender along with the Consumer.

# Who May Attend Mental Health Hearings

- **Hearing Officer** – an attorney who represents the Orphan's Court Judge and decides the disposition of the petition.
- **Public Defender/Private Attorney** – represents the individual.
- **County Solicitor** – represents the Petition.
- **Petitioner**
- **Treating Psychiatrist**
- **County Mental health Caseworker**
- **Security**
- **Hospital Social Work or Hospital Hearing Coordinator**
- **Mental Health Hearings are CLOSED PROCEEDINGS.** The Client and the Public Defender/Private Attorney are the only ones who can give permission for anyone to get information about or attend the hearings other than those listed above.

# 304b Rules

# 304b Guidelines

- A 304b is a request to extend the involuntary hospitalization time for up to an additional (90) days following the 303.
- The 304b Process:
  - The physician will complete the petition and fax an information/medical continuation sheet to the county within 15 days following the 303 hearing date.
  - The County Delegate schedules the hearing.
  - The hearing will be held at the hospital.
  - The Public Defender will represent the individual.
  - The County Solicitor will represent the **PETITION**.
  - The Consumer may testify if they choose to.
  - The Hearing Officer will sign a recommendation to uphold/dismiss/withdraw or continue the petition. If it is upheld, the hearing officer will designate the number of days for in-patient/out-patient/partial hospitalization treatment or a combination of the three.
  - The Hearing Officer's recommendation will be presented to the Orphan's Court Judge for their signature.

# Can a 304 – 305 Hearing Be Continued?

- A request may be submitted for consideration to the Public Defender assigned to the case if:
  - The individual is on a medical unit and is unable to attend the hearing.
  - The treating psychiatrist has filed a 304 within 15 days of the 303 hearing or filed a 305.

# 304c Rules

# 304c (Section C) Guidelines

- A 304c (Section C) may be filed on a consumer who is NOT currently in a facility receiving treatment.
- The commitment is similar to a 304b in that is a commitment for up to 90 days; however, like the 302, it must prove dangerous conduct within the past 30 days.
- The individual must be served notice that a 304c Petition has been filed and be offered transportation to the hearing, if needed.
- The hearing may be scheduled at any appropriate facility designated by Orphan's Court 72 hours after the individual has been served notice.

# 304c (Section D) Guidelines

- The 304c (Section D) is a petition requesting an involuntary commitment for a person who is currently in a facility receiving voluntary treatment.
- This commitment is similar to a 304b in that it is a commitment for up to 90 days; however, like the 302, it must prove dangerous conduct within the past 30 days.
- The 304c (Section D) commitment, more often than not, will be petitioned by an in-patient treatment team member.
- Patient must be served with a copy of the petition no less than 72 hours prior to the hearing.

# 305 Rules

# 305 Guidelines

- A 305 is a request to extend the involuntary treatment for up to an additional 180 days following the 304b or 304c and must be completed and the information sheet faxed to the county office 15 days prior to the expiration of the 304b or 304c court order.
- The procedures and rules of a 305 follow the same guidelines as a 304b.

**306**  
**Rules**  
**&**  
**Forms**

# 306 Guidelines

- A 306 commitment is done to amend an existing court order.
- If a client is on a current commitment out of the hospital (i.e. out-patient, RTFA, LTSR, EAC), and the staff of that program believes a more or less restrictive placement is necessary and appropriate, then a 306 petition may be filed.
- A 306 may be filed while the consumer is residing in the community, or a 302 petition may be filed if the consumer is showing signs of being in imminent danger and needs to be taken immediately to a hospital for an examination.
  - If a 302 is needed to bring a consumer to a designated facility:
    - The petitioner must have witnessed the behaviors on the 302 petition and will be asked to attend the 306 hearing to give more substance to the need for more restrictive treatment, as well as the treating psychiatrist testifying to conduct necessitating a more restrictive setting.
  - If no 302 is necessary, the treating psychiatrist must be available to testify. Testimony must be given to support the facts that lead to the conclusion that a higher level or more restrictive level of care is necessary and appropriate.

- If admitted on the 302, the hospital should file a 306 petition in order to amend the current commitment order to in-patient treatment.
- If the current commitment order is about to expire, the hospital may file a 304 / 305 to be heard concurrently with the 306. (The 306 amends the current court order and the 304 / 305 extends the time of the commitment.)
- A 306 may also be filed to request an addition to or deletion from a current court order.

# Forms Necessary for a 306 Petition

1. Allegheny County DHS Petition Information / Medical Continuation Form
2. Mental Health Procedures Act of 1976 (306)
3. **MH 788.1 – 5/86:** Notice of Hearing on Petition to Transfer and Explanation of Rights (306)

## ALLEGHENY COUNTY DHS PETITION INFORMATION

Submit when Filing 303, 30b, 304c, 305 or 306 & requesting Medical Continuation

SCU:	Patient is currently at:	Requested Hearing Date:
------	--------------------------	-------------------------

Patient's Name: (Please Print)	DOB:
Social Security No.:	Phone No.:
Current Legal Address:	

Date / Time of 302 Authorization:	Date of <input type="checkbox"/> 303 / <input type="checkbox"/> 304b / <input type="checkbox"/> 304c / <input type="checkbox"/> 305 / <input type="checkbox"/> 306:	
Date of Court Order:	Number of Commitment Days Remaining:	
Expiration Date:	If 304c, Date / Time 304c Served to Client:	
Petitioner's Name:	Relationship to Patient:	
Home Phone No.:	Work Phone No.:	Cell Phone No.:

Psychiatrist's Name:	Phone No.:
How often is Patient seen: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other	Describe what Psychiatric Treatment is currently being provided:

Client able to attend Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, give reason:
--------------------------------------------------------------------------------------------	---------------------

Commitment Facility:	TESTIFYING Doctor:
Information Submitted by:	Date Submitted:
Phone No.:	C & L Office FAX Number:

**Petition to Transfer for Persons  
In Involuntary Treatment**

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

*(Fill in ALL applicable blanks)*

Patient's Name: (Last, First, Middle)		Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Name of County Program:	Name of Base Service Unit (BSU):	BSU No.:	Admission Date:
Name of Facility:	Current Commitment Status:	Number 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 representatives.
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 not 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 previous 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  
(Name of Patient)  
order of the Court of Common Pleas of \_\_\_\_\_ County pursuant to Section  
(Name of County)  
\_\_\_\_\_ and transfer to another approved facility is necessary and appropriate. The patient:  
(Commitment Type)

*(Complete by checking either box)*

<input type="checkbox"/> Has been Examined by a Physician within the Past 30 days and was found to be in need of Treatment	Name of Examining 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 the patient listed above be transferred pursuant to Section 306 to an approved facility for continuing Involuntary Treatment under: (Check A, B, C, D or E)

A. <input type="checkbox"/> Section 303	Number of Days Remaining on Current Commitment:
B. <input type="checkbox"/> Section 304b	Number of Days Remaining on Current Commitment:
C. <input type="checkbox"/> Section 304c	Number of Days Remaining on Current Commitment:
D. <input type="checkbox"/> Section 305	Number of Days Remaining on Current Commitment:
E. <input type="checkbox"/> Section _____	Number of Days Remaining on Current Commitment:

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number







**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  
(Name of Patient)  
mentally disabled person pursuant to the provisions of the Mental Health Procedures Act of 1976  
for a period of time not to exceed those required by the original court order at:

\_\_\_\_\_  
(Name of Facility)

- B.  The person is not subject to transfer.

Check appropriate block)

- The patient was represented by: \_\_\_\_\_  
(Name of Attorney)  
\_\_\_\_\_  
(Address of Attorney)

- The patient declined representation.

For the court,

\_\_\_\_\_  
Mental Health Review Officer / Judge

\_\_\_\_\_  
Print Name of Mental Health Review Officer / Judge

\_\_\_\_\_  
Date

**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, \_\_\_\_\_, has been appointed to represent you at the hearing and will represent you unless you obtain another attorney yourself.  
(NAME AND TELEPHONE NUMBER)
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 in-patient 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.

**ACT 53**  
**Drug & Alcohol**  
**Commitment Of**  
**Minors**  
(Up to Age 18)

# ACT 53 – Drug and Alcohol Commitment of Minors

Act 53 allows for some provisions to the Pennsylvania Drug and Alcohol Abuse Control Act, to adjust for commitment of minors. The provisions of this Act are as follows:

- Provides that a parent or legal guardian who has legal or physical custody of a minor may petition the court of common pleas for commitment of the minor to involuntary drug and alcohol treatment services, including in-patient services, if the minor is incapable of accepting or unwilling to accept voluntary treatment.
- The petition shall set forth sufficient facts and good reason for the commitment.
- Such matters shall be heard by the division or a judge of the court assigned to conduct proceedings relating to juvenile matters, involving children who have been alleged to be dependent or delinquent.
- Upon petition, the court shall:
  - Appoint counsel for the minor.
  - Order a minor who is alleged to have a dependency on drugs or alcohol to undergo a drug and alcohol assessment performed by a psychiatrist, a licensed psychologist with specific training in drug and alcohol assessment or a certified addiction counselor.

- Such assessments shall include a recommended level of care and length of treatment.
- Assessment completed by a certified addiction counselor shall be based on the Department of Health approved drug and alcohol level of care criteria and shall be reviewed by a case manager in a single county authority.
- The court shall hear the testimony of the persons performing the assessment at the hearing on the petition for involuntary commitment.
- Based on the assessment, the court may order the minor committed to involuntary drug and alcohol treatment, including in-patient services, for up to 45 days if the following apply:
  - The court finds by clear and convincing evidence that:
    - The minor is a drug-dependent person; and
    - The minor is incapable of accepting or unwilling to accept voluntary treatment services.
  - The court finds that the minor will benefit from involuntary treatment services.
  - Where the court decision is inconsistent with the level of care and length of treatment recommended by the assessment, the court shall set forth in its order a statement of facts and reasons for its disposition.
- A minor ordered to undergo such court ordered involuntary treatment shall remain under the treatment designated by the court for a period of 45 days unless discharged sooner.

- Prior to the end of the 45 day period, the court shall conduct a review hearing for the purpose of determining whether further treatment is necessary.
- If the court determines that further treatment is needed, the court may order the minor recommitted to services for an additional period of treatment not to exceed 45 days unless discharged sooner.
- The court may continue the minor in treatment for successive 45 days periods pursuant to determinations that the minor will benefit from services for an additional 45 days.
- Unless the court finds that the parent or legal guardian is without financial resources, the parent or legal guardian shall be obligated for all of the following:
  - Court costs.
  - Counsel fees for the minor.
  - The costs of assessment and treatment services.
- The Act provides that nothing therein shall relieve, restrict or expand the obligations of any insurer, health maintenance organization, third-party administrators, hospital plan corporation or health services plan corporation doing business in this Commonwealth with respect to the coverage of drug and alcohol benefits.

# Frequently Asked Questions

Does the examining hospital  
have to have the original  
petition?

The answer to this is always  
**YES!!!!**

In some instances the individual may get to the hospital before the petition. Since the law says the examination must be completed within two (2) hours of the individual's arrival, you have two (2) hours from the time the individual enters the Emergency Room to bring the original petition to the examining hospital.

A patient signs a 72-hour notice to leave the hospital before a 304c petition has been filed. Can the hospital hold them until the hearing?

# No.

When the 72-hour notice to leave the hospital expires, the patient must be released. A pending 304c petition by itself does not allow the hospital to detain the person involuntarily.

In order to detain the individual past the 72-hour notice period, a hospital may file a 302, but only if the behavior meets the requirement under the Act.

What happens to the current  
out-patient commitment  
order for consumers who are  
being admitted for in-patient  
treatment?

If a consumer signs a Voluntary (201) the 304 / 305 out-patient commitment remains in effect. The 304 / 305 is a court order and it can NOT be voided by agreeing to voluntary treatment. Documentation should be made in the record that the consumer was made aware that their out-patient commitment remains in effect.

If a consumer is admitted under section 302, the hospital has two (2) options:

1. If there is at least 30 days left on the out-patient commitment, the hospital may choose to file a 306 to convert the remaining time to in-patient treatment status. For this, the hospital **does NOT need dangerous conduct**, but must show that the request is "Reasonable and Appropriate".
2. If the remaining time is less than 30 days, the hospital can choose to file a 306 along with a 304 / 305.

Who has the responsibility to file a 302 if the consumer is on a medical unit and the dangerous conduct occurred in another county?

Hospitals have several options:

1. Contact the person in the other county who witnessed the behavior and ask them to come to the hospital to complete the 302 petition and then call Allegheny County MH / MR to get authorization.
2. Any person can speak to the consumer to verify the dangerous conduct and then be the petitioner.
3. A physician can be the petitioner and authorizing agent on the 302 within 30 days of the behavior.

A 302 is filed in another county, and then the consumer is sent to Allegheny County for medical care. Who should file the 303?

1. The hospital can contact the county who filed the 302 and request the consumer be returned there if there is sufficient time for the other county to file a 303.
2. Hospitals can contact the county who filed the 302 to make arrangements to return the consumer. The hospital may file the 303 petition with Allegheny County, naming the hospital in the other county as the treatment facility of choice. The hearing will be held in Allegheny County.

Since the Mental Health Act is law within the Commonwealth of Pennsylvania, court certifications or recommendations are legal anywhere within the state boundaries.

**Thank  
You!**