

APPLICATION FOR INVOLUNTARY EMERGENCY EXAMINATION AND TREATMENT

Mental Health Procedures Act of 1976 Section 302

(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION.)

NAME	Last	First	Middle	DOB	SEX
ADDRESS					GENDER IDENTITY
County of Residence		Race		Ethnicity	
NAME OF FACILITY		ADMISSION DATE		ADMISSION NUMBER	

The completing of this form is a governmental action and statements made in the furtherance of this process are subject to the penalties set forth at 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

INSTRUCTIONS

1. Part I must be completed by the person who is attesting that the individual meets the standard in the Mental Health Procedures Act of 1976 Section 302 for an involuntary examination due to the presence of an imminent threat to self or others, specifically due to symptoms of a mental illness.
2. If a warrant for involuntary evaluation is being sought by any party other than a physician, police officer, or individual designated by the County Mental Health Administrator, please contact the County Mental Health Administrator in the county where the individual in need of services is located.
3. After a warrant is executed and the individual is taken to an examination location, the rights described in Form MH783-A must be explained. Part IV shall be signed by the person who explains these rights to the individual who is the subject of the warrant.
4. Part V is to be completed by the Physician, Police Officer, County Administrator or Delegate.
5. Part VI is to be completed by the examining physician(s).
6. If the individual being evaluated is subject to criminal proceedings, please note the arresting entity and any conditions present below.

IMPORTANT NOTICE

Part I APPLICATION

I attest that the statements below are made subject to the penalties set forth at 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities and that I am legally liable, criminally and civilly, for any untrue statements made as part of this governmental process.

Signature of the individual providing information

date

I believe that _____

PERSON'S NAME

poses a clear and present danger of harm to themselves or others due specifically to the severity of symptoms resulting from what I conclude to be mental illness. (Check and complete all that apply for this patient)

The specific actions that I have witnessed that demonstrate the legal standard for an involuntary evaluation has been met which I attest to having personally witnessed, include:

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 themselves shall be shown by establishing that within the past 30 days;

- (i) the person has acted in such manner as to evidence that they would be unable, without care, supervision and the continued assistance of others, to satisfy the person's 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 afforded 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 evidence showing that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or
- (iii) the person has substantially mutilated themselves or attempted to substantially mutilate themselves and that there is the reasonable probability of mutilation unless appropriate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by evidence showing that the 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 and actions that in your judgment are attributable to the individual's mental illness that have occurred within the last 30 days, which support your assessment (include location, date/time whenever possible, and state who observed specific behaviors):

By providing this statement, I understand that I may be required to testify at a court hearing concerning the information that I have provided.

To your knowledge, has a mental health professional, such as a therapist or members of a mobile crisis team, engaged with this individual in the last 30 days?

- ☐ Yes
- ☐ No
- ☐ Unknown

To your knowledge, has any professional spoken to the individual for whom a warrant is sought about seeking *voluntary* mental health treatment?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please provide any information known about the response or outcome of that engagement below.

I hereby request that the County Administrator issue a warrant authorizing involuntary transportation, evaluation, and possible treatment.

_____	_____
<i>SIGNATURE OF APPLICANT</i>	<i>DATE & TIME</i>
_____	_____
<i>PRINT NAME AND ADDRESS OF APPLICANT</i>	<i>TELEPHONE NO.</i>

Warrant Requested: Based on the information I provided above, in my judgment, _____
INDIVIDUAL'S NAME
 meets the criteria for an involuntary evaluation based on observed evidence of mental illness as outlined in Section 302 of the Mental Health Procedures Act.

PART II

**Authorization for Transportation to an Approved Facility for Examination
Without a Warrant
(Under MHPA Section 302(a)(2), 50 P.S. § 7302(a)(2))**

The County Mental Health Administrator or their delegates, Police Officers, and Physicians may cause an involuntary mental health evaluation to occur based on their interaction with the individual, without the formal execution of a 302 warrant.

Execution of an involuntary evaluation without a warrant requires one of the above-listed professionals to have directly observed the individual. When a 302 evaluation occurs based on professional judgment, this form shall be completed to document when the individual arrived at the evaluation location.

When ambulance transport is required, please reach out to the county mental health administrator or their delegate to inform them that the evaluation without warrant authority is being exercised. Depending on the individual's insurance, the county may be responsible to cover the cost of transportation, and therefore should be notified as soon as possible.

To be completed by the delegate, physician or police officer causing an individual to be transported and evaluated without a warrant issued by the County Mental Health Administrator:

I affirm that having observed the conduct of _____, I determined that
INDIVIDUAL'S NAMEthe individual's actions meet the immanency standard for the possibility of harm to self or others due to the severity of their behaviors evidencing mental illness as required for an involuntary evaluation within Section 302 of the Mental Health Procedures Act.

PROFESSIONAL NAME & ROLE

DATE & TIME

PART III
Warrant

This form serves as the official response to the warrant request form completed in Part I. The County Mental Health Administrator or their delegate shall complete Part II.

(Check A or B)

A. ☐ Based upon representations made to me by _____
NAME OF APPLICANT

I hereby order that _____ shall be taken to
NAME OF INDIVIDUAL

an emergency provider of mental health services at _____
FACILITY NAME/ TYPE

for the purpose of an involuntary examination and potential treatment under the authority provided in Section 302 of the Mental Health Procedures Act. The total length of time that the 302 warrant remains valid to detain the individual for purposes of examination cannot exceed 120 hours. The commencement of the 120-hour warrant detention period begins at the time that the individual arrives at the facility for purposes of conducting the mental health examination.

SIGNATURE OF COUNTY MENTAL HEALTH ADMINISTRATOR, OR THEIR OFFICIAL DELEGATE DATE & TIME

PRINT NAME OF COUNTY MENTAL HEALTH ADMINISTRATOR, OR THEIR OFFICIAL DELEGATE

DENIAL OF WARRANT

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

SIGNATURE OF SIGNATURE OF COUNTY MENTAL HEALTH ADMINISTRATOR, OR THEIR OFFICIAL DELEGATE DATE & TIME

Part IV
THE PATIENT'S RIGHTS

I affirm that when the patient arrived at _____
NAME OF FACILITY

I met with them to explain their rights to them. These rights are described in Form MH 783-A.

I asked the individual if they understood their rights, and the response provided was, (please check the appropriate response):

- ☐ Acknowledgement of their rights.
- ☐ No response.
- ☐ Combative.
- ☐ Confused/Did not seem to understand their rights or my question.

SIGNATURE OF PERSON EXPLAINING RIGHT DATE & TIME

PRINT NAME AND TITLE 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 were taken, which constitute the reasonable and necessary steps to assure that while the individual is detained for emergency examination and treatment, the health and safety needs of their known dependents are met and that the individual's personal property and the premises they occupy are secure.

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

SIGNATURE

DATE & TIME

PRINT NAME & ROLE

Part VI
PHYSICIAN'S EXAMINATION

Patient Name (please print) _____

I affirm that the above-named person arrived at this facility at: _____
DATE & TIME

SIGNATURE OF THE FACILITY REPRESENTATIVE

I affirm that the above-named person was initially examined WITHIN 2-HOURS OF ARRIVAL, specifically at:

DATE & TIME

SIGNATURE OF PHYSICIAN

TO BE COMPLETED IF THE PHYSICIAN WAS NOT ABLE TO COMPLETE A MENTAL HEALTH EXAMINATION OF THE INDIVIDUAL WITHIN THE FIRST TWO-HOURS OF ARRIVAL AT THE FACILITY:

If the individual could not participate in the evaluation due to serious medical complications, including being incoherent due to substance use, please indicate when the individual was re-evaluated to determine whether the person met involuntary treatment criteria due to mental illness.

SIGNATURE OF PHYSICIAN

DATE & TIME

TO BE COMPLETED BY THE PHYSICIAN WHO COMPLETED THE EXAMINATION:

RESULTS OF EXAMINATION

FINDINGS: (Describe the mental health examination findings in detail. Use additional sheets if necessary).

EVIDENCE THAT INDIVIDUAL PRESENTS IMMINENT RISK OF HARM TO SELF OR OTHERS THAT WARRANTS INVOLUNTARY TREATMENT: (Use additional sheets if necessary).

"INDIVIDUALIZED" TREATMENT NEEDED: (Describe the individualized recommended mental health treatment needed by the patient. Use additional sheets if necessary).

Determination

Based on professional medical training and the scope of practice within which I operate, I diagnose the individual subject to an involuntary examination to be: (Check A, B or C)

- A. The patient is severely mentally disabled and in need of involuntary treatment that shall be provided for the duration of this warrant period.
- B. The patient does not meet the statutory standard that requires imminency of harm to self or others explicitly based on an individual's mental illness to require involuntary treatment, and, as a result, the individual shall be returned to a place which the individual reasonably designates.
- C. The patient has voluntarily agreed to participate in mental health treatment utilizing the process outlined in Section 201 of the Mental Health Procedures Act.

I attest that the above patient has been medically cleared following my conduct of a mental health examination for the purpose of a 302 assessment on:_____

DATE & TIME

SIGNATURE OF PHYSICIAN COMPLETING 302 ASSESSMENT

PRINTED NAME OF PHYSICIAN

TELEPHONE