

APPLICATION FOR EXTENDED INVOLUNTARY TREATMENT

MENTAL HEALTH PROCEDURES ACT OF 1976 (SECTION 303)

(The blanks below may be completed following admission)

NAME OF PATIENT	LAST	FIRST	MIDDLE	AGE	SEX
NAME OF COUNTY PROGRAM		NAME OF BSU		BSU NO.	
NAME OF FACILITY		ADMISSION DATE		ADMISSION NO.	

INSTRUCTIONS

1. Part I must be completed by the petitioner. The petitioner will generally be the director, acting director, or appropriate designated staff within the facility where the patient is being treated.
2. Part II is to be completed by persons authorized by the director of the facility to explain rights to the patients.
3. Part III is to be completed by a physician who has personally examined the patient.
4. Part IV is to be completed by a judge or a Mental Health Review Officer.
5. If additional sheets are needed at any point, note on this form the number of pages which are attached.
6. Attach a copy of the treatment plan and the 302 form, prior to delivery to the court.
7. The patient shall receive a copy of form MH 784 -A, a copy of this petition, and a copy of the 302 form when this 303 form is filed with the court.
8. If the patient is subject to criminal proceedings/detention, briefly describe below.

IMPORTANT NOTICE

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

PART I REQUEST FOR CERTIFICATION

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

to believe that they are severely mentally disabled, and needs extended involuntary treatment. They were
admitted to _____ for involuntary emergency examination and
(NAME OF FACILITY)

treatment on _____ at _____ under Section 302. They were examined by
(DATE) (EXACT TIME)

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

Inpatient treatment under Section 301(b)(1) or (2)

Outpatient treatment under Section 301(b)(1) or (2)

Partial hospitalization under Section 301(b)(1) or (2)

Assisted Outpatient Treatment (AOT) under Section 301(c)

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

(SIGNATURE OF PETITIONER)

(DATE)

(TITLE OF PETITIONER)

PART II THE PATIENT'S RIGHTS

I affirm that I have informed the patient of the actions I am taking and have explained to the patient these procedures and their rights as described in form MH 784-A and, for AOT form MH-789-B. I believe that the patient ☐ understands, ☐ does not understand these rights.

(SIGNATURE OF PERSON GIVING RIGHTS)

(DATE)

PART III
PHYSICIAN'S EXAMINATION

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

_____ to determine if the patient continued to be severely mentally ill and in need of treatment.
(DATE)

RESULTS OF EXAMINATION

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

* Note: Information regarding Substance Use Disorder (SUD) treatment is subject to specific confidentiality requirements under state and federal law, including 71 P.S. § 1690.108 and 42 CFR § 2.64. If the person subject to the AOT petition does not consent to disclosing confidential SUD treatment information to the court or counsel, a separate petition for authorization should be filed with the court and an order obtained prior to disclosure.

TREATMENT NEEDED: (Describe the treatment needed by the patient. If AOT is recommended, you MUST provide an AOT plan using form MH-790. Continue on additional sheets if necessary).

A. ☐ The patient continues to be severely mentally disabled and in need of involuntary inpatient, outpatient or partial hospitalization treatment or a combination under Section 301(b)(1) or (2).

B. ☐ The patient continues to be severely mentally disabled and in need of AOT under Section 301(c).

C. ☐ The patient is not severely mentally disabled and in need of involuntary treatment.

(DATE)

In the court of _____ of _____ County

term, 20

In re: _____ No. _____

This _____ day of _____, 20____ after hearing and consideration of (Details of findings. Include details as to what type and why treatment is needed. Attach reports, testimony, AOT plan (MH-790 form), etc.)

[illegible]

The court finds that the patient ☐ is, ☐ is not, severely mentally disabled and in need of treatment. Accordingly, the court orders that: (Check A or B below)

A. ☐ _____ receive:
(NAME OF PATIENT)

- ☐ Inpatient treatment under Section 301(b)(1) or (2)
- ☐ Outpatient treatment under Section 301(b)(1) or (2)
- ☐ Partial hospitalization under Section 301(b)(1) or (2)
- ☐ AOT under Section 301(c)

which is the least restrictive treatment setting appropriate for the patient of
_____ as a severely mentally disabled person pursuant
(NAME OF FACILITY)

to the provisions of section 303 of the Mental Health Procedures Act of 1976
for a period of _____.
(NOT TO EXCEED 20 DAYS)

(Check appropriate block)

The patient ☐ is, ☐ is not subject to medication management under an AOT order. If the person is subject to medication management as part of an AOT order, the prescribing physician at the designated AOT facility is authorized to perform routine medication management including adjusting medications and doses, in consultation with the person subject to this order, and as warranted by changes in the person's medical conditions.

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

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

(Check appropriate block)

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

(ADDRESS OF ATTORNEY)

☐ The patient declined representation.

for the court _____

(TITLE)