

**PETITION TO TRANSFER FOR PERSONS IN
INVOLUNTARY TREATMENT**

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

(FILL IN ALL APPLICABLE BLANKS.)

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

INSTRUCTIONS

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

PART I
PETITION FOR ORDER OF THE COURT

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

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

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

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

SIGNATURE OF PETITIONER

DATE

PRINT NAME OF PETITIONER

TITLE

ADDRESS

TELEPHONE NUMBER

PART II

EXPLANATION OF DETERMINATION OF NEED TO TRANSFER

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

FINDINGS:

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

[illegible]

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

(SIGNATURE)

(DATE)

(PRINT NAME AND ADDRESS)

PART III
THE PATIENT'S RIGHTS

I affirm that on _____ the patient has been notified that a petition has
(DATE)
been filed with the Court of Common Pleas and received a statement of their rights explained in form
MH 788.1 prior to the scheduled hearing.

(SIGNATURE OF PERSON GIVING NOTIFICATION)

(AGENCY)

If notification to the patient did not occur three (3) days prior to the hearing, please document the reason(s) below:

PART IV

ORDER FOR TRANSFER TO INPATIENT TREATMENT

In the Court of Common Pleas of _____ County
_____ term, 20____

In re: _____ No. _____

This _____ day of _____, 20____ after hearing and consideration
of: (Details of findings. Include details on why transfer is needed. Attach reports, testimony, etc.)

[illegible]

**PART IV
(CONTINUED)**

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

(Check A or B below)

A. ☐ _____ receive treatment as a severely mentally
(NAME OF PATIENT)

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 was declined representation:

For the court

(MENTAL HEALTH REVIEW OFFICER/JUDGE)

(PRINT NAME OF MENTAL HEALTH REVIEW OFFICER/JUDGE)

(DATE)