

**NOTIFICATION OF NON-COMPLIANCE  
ASSISTED OUTPATIENT TREATMENT (AOT)  
MENTAL HEALTH PROCEDURES ACT OF 1976  
(SECTION 304 (f)(5))**

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

**INSTRUCTIONS**

1. Part I must be completed by the director or designee of the AOT provider or facility where the patient is ordered to receive AOT.
2. Part II is to be completed by persons authorized by the AOT provider or facility to explain rights to the patient.
3. Part III is to be completed by the court.
4. Part IV is to be completed by the court only if a modification hearing is held.
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 AOT Plan and the AOT order, prior to delivery to the court.
7. The patient must receive a copy of this petition, the AOT order, the AOT Plan and the Bill of Rights for AOT when this 304 (f)(5) form is filed with the court.
8. If the patient is subject to criminal proceedings/detention, briefly describe below.

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**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**  
**NOTIFICATION TO THE COURT**

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AOT is defined as community-based outpatient social, medical and behavioral health treatment services ordered by the court for a severely mentally ill person which may include community psychiatric supportive treatment, assertive community treatment, medication, individual or group therapy, peer support services, financial services, housing or supervised living services, co-occurring alcohol or substance abuse treatment, and any other services prescribed to treat the person's mental illness.

The provider or facility responsible for the AOT Plan must inform the court if the person fails to materially adhere to the treatment plan and comply with the court order.

Upon a finding of clear and convincing evidence that \_\_\_\_\_  
(NAME OF PATIENT)

is severely mentally ill and in need of AOT under Section 301(c), an order was entered on

\_\_\_\_\_ requiring he/she to receive AOT based upon the attached AOT  
Plan. (DATE)

**As the provider or facility responsible for providing the AOT service, I am informing the court that the patient has failed to materially adhere to the AOT Plan and comply with the court order.**

(Describe the specific evidence of failure to materially adhere to the AOT Plan and comply with the court order. 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.

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\_\_\_\_\_  
(SIGNATURE OF DIRECTOR OR DESIGNEE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME OF DIRECTOR OR DESIGNEE)

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## 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 his/her rights as described in Form MH 789-B. I believe that he/she ☐ understands, ☐ does not understand these rights.

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(SIGNATURE OF PERSON GIVING RIGHTS)

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(DATE)

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## PART III ORDER BY THE COURT

The court finds that:

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Accordingly, the court orders:

Check one:

☐ A modification hearing on \_\_\_\_\_ to assess failure of the patient to  
adhere to the AOT Plan and comply with the court order.  
(DATE)

☐ An amendment to the AOT Plan to foster adherence to necessary treatment. (Attach amended AOT Plan (form MH-790)).

☐ Completion of a 302 petition for emergency involuntary examination and treatment.

☐ Other:

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For the court \_\_\_\_\_

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(TITLE)

In the court of \_\_\_\_\_ of \_\_\_\_\_ County  
\_\_\_\_\_ term, 20\_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ after hearing and  
consideration of:

[illegible]

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Accordingly, the court orders:

Check one:

☐ An amendment to the AOT Plan to foster adherence to necessary treatment. (Attach amended AOT Plan (form MH-790)).

☐ Completion of a 302 petition for emergency involuntary examination and treatment.

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check appropriate block)

☐ The patient was represented by \_\_\_\_\_  
(NAME OF ATTORNEY)  
\_\_\_\_\_  
(ADDRESS OF ATTORNEY)

☐ The patient declined representation.

for the court \_\_\_\_\_  
\_\_\_\_\_  
(TITLE)