

**PETITION FOR ENFORCEMENT OF  
ASSISTED OUTPATIENT TREATMENT (AOT) PLAN  
MENTAL HEALTH PROCEDURES ACT OF 1976  
(SECTION 304 (f)(7))**

NAME OF PETITIONER	LAST	FIRST	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 petitioner. The petitioner must be the person subject to the AOT. The case management team, Assertive Community Treatment (ACT) team, or the county administrator or designee should assist the petitioner with this process.
2. Part II is to be completed by the court.
3. Part III is to be completed by the court only if an enforcement hearing is held.
4. If additional sheets are needed at any point, note on this form the number of pages which are attached.
5. Attach a copy of the AOT Plan and the AOT order, prior to delivery to the court.
6. The provider shall receive a copy of this petition, the AOT order and the AOT Plan when this 304 (f)(7) form is filed with the court.
7. 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**  
**PETITION FOR ENFORCEMENT OF AOT PLAN**

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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.

A person who is subject to AOT may petition the court to enforce an AOT Plan. The petition must include clear and convincing evidence that a service is not being provided in accordance with the AOT Plan.

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

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

\_\_\_\_\_ requiring AOT based upon the attached AOT Plan.  
(DATE)

This petition is to inform the court that \_\_\_\_\_  
(NAME OF FACILITY OR PROVIDER)

has failed to provide \_\_\_\_\_ services outlined in the AOT Plan in accordance with the AOT court order.

(Describe the specific clear and convincing evidence of the facility or provider's failure to provide services listed in the AOT Plan. 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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Therefore, I request the enforcement of \_\_\_\_\_ service.

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

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

\_\_\_\_\_  
(PRINT NAME OF PETITIONER)

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**PART II**  
**ORDER BY THE COURT**

The court finds that:

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Accordingly, the court orders:

Check one:

☐ An enforcement hearing on \_\_\_\_\_ to assess the failure of \_\_\_\_\_  
(DATE) (NAME OF FACILITY OR PROVIDER)

to provide the services listed in the AOT Plan.

☐ An amendment to the AOT Plan to foster provision of necessary treatment, including requiring service to be provided by a different willing facility or provider. (Attach amended AOT Plan (form MH-790)).

☐ Other:

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

\_\_\_\_\_  
(TITLE)

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

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

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Accordingly, the court orders:

Check one:

☐ An amendment to the AOT Plan to foster provision of necessary treatment, including requiring service to be provided by a different willing facility or provider. (Attach amended AOT Plan (form MH-790)).

☐ Other:

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(Check appropriate block)

☐ The patient was represented by \_\_\_\_\_

(NAME OF ATTORNEY)

\_\_\_\_\_  
(ADDRESS OF ATTORNEY)

☐ The patient declined representation.

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

\_\_\_\_\_  
(TITLE)