

MENTAL HEALTH PROCEDURES ACT OF 1976

(SECTIONS 304 AND 305)

(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. **Complete Part I(a) to petition for involuntary outpatient, partial hospitalization or inpatient treatment under Section 304(b) or (c).** If the patient is currently receiving treatment, this section must be completed by the director of the facility or his/her authorized representative. If the person is not currently receiving treatment, this section may be completed by any responsible party.

Complete Part I(b) to petition for Assisted Outpatient Treatment (AOT) under Section 304(c.1) for a patient currently receiving inpatient treatment or under Section 305 (c) for patients currently receiving AOT. This section must be completed by the county administrator, treatment team or the director of the facility or his/her authorized representative.

2. Part II is to be completed by persons authorized by the director of the facility to explain rights to the patient if the patient is currently in treatment. If the patient is not currently in treatment, it should be left blank. (See No. 7 below.)
3. Part III is to be completed on the basis of a current examination. If the patient is not currently in treatment and has not been examined this section may be completed on order of the court under Section 304 (c) (5) of Act 143.
4. Part IV is to be completed by the court.
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 (if any) and copies of the 302, 303 and 304 forms if previously completed prior to the delivery of this form to the court.
7. If a patient is not currently in treatment, he/she shall receive a copy of form MH 785-B and a copy of this petition when he/she is notified of this hearing.
8. If the patient is subject to criminal proceedings/detention, briefly describe below. Note special use of form MH 786 for special criminal provisions.

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(a)
PETITION FOR ORDER OF THE COURT

_____ has acted in such a manner as to cause me to believe that
(NAME OF PATIENT)

he/she is severely mentally disabled.

He/she has been examined by _____ and was found to be in need of treatment.
(NAME OF PHYSICIAN)

He/she has not been examined by a physician, but I believe he/she is in need of treatment.

I, therefore, request that: (Check and complete A, B, C, D or E)

A. As the patient is currently in _____ receiving involuntary
(304b) (NAME OF FACILITY)
treatment under Section 303, I ask that the court issue an order that the patient be
involuntarily committed for: outpatient, partial hospitalization, inpatient
treatment.

B. As the patient is currently in _____ receiving involuntary
(305) (NAME OF FACILITY)
treatment under Section 304, I ask that the court issue an order that the patient be
involuntarily committed for another period of: outpatient, partial hospitalization,
 inpatient treatment.

C. As the patient is not currently in a facility receiving treatment, I ask this court to issue
(304c) an order that the patient be involuntarily committed for:
 outpatient, partial hospitalization, inpatient treatment.

D. As the patient is currently in a facility receiving voluntary treatment, I ask this
(304c) court to issue an order that the patient be involuntarily committed for:
 outpatient, partial hospitalization, inpatient treatment.
(If the patient is currently receiving voluntary inpatient treatment and has given written notice of request to
withdraw from treatment, the facility shall not hold the patient involuntarily longer than 72 hours without
proceeding under Section 302. (See 50 P.S. § 7304 (c) (6) and 55 Pa.Code §§ 5100.76 (a-c)).

E. As the patient is currently in a facility receiving involuntary treatment, I ask this
(304g) court to issue an order that the patient be involuntarily committed for:
 outpatient, partial hospitalization, inpatient treatment.

A patient can only be committed involuntarily if the patient is severely mentally disabled.

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgement and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

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 himself shall be shown by establishing that within the past 30 days:

- (i) the person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her 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

PART I (b)

PETITION FOR ORDER OF THE COURT FOR ASSISTED OUTPATIENT TREATMENT (AOT)

The patient was examined by _____
(304 c.1) (Name of psychiatrist or licensed clinical psychologist)
and was determined to no longer need involuntary inpatient treatment under Section 301(b)(1) or (2) or treatment in a forensic facility or correctional institution. I believe this person is in need of AOT under Section 301 (c).

The patient is currently receiving AOT provided by _____. I believe this
(305 c) (NAME OF FACILITY)
person is in need of an additional period of AOT under Section 301 (c).

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 patient continues to need treatment under AOT based upon clear and convincing evidence that all of the following behavior has occurred:

- (i) The person is unlikely to survive safely in the community without supervision, based upon clinical determination.
- (ii) The person has a history of lack of voluntary adherence to treatment for mental illness and one of the following applies:
 - A. Within the 12 months prior to the filing of this petition seeking AOT, the person's failure to adhere to treatment has been a significant factor in necessitating involuntary inpatient hospitalization or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the 12-month period shall be extended by the length of any hospitalization or incarceration of the person in a correctional institution that occurred within the 12-month period.
 - B. Within 48 months prior to the filing of this petition seeking court-ordered AOT, the person's failure to adhere to treatment resulted in one or more acts of serious violent behavior toward others or himself or threats of, or attempts at, serious physical harm to others or himself, provided that the 48-month period shall be extended by the length of any hospitalization or incarceration of the person in a correctional institution that occurred within the 48-month period.
- (iii) The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment and the person previously has been offered voluntary treatment services but has not accepted or has refused to participate on a sustained basis in voluntary treatment, provided that voluntary agreement to enter into services by a person during the pendency of a petition for AOT shall not preclude the court from ordering AOT for that person if reasonable evidence exists to believe that the person is unlikely to make a voluntary sustained commitment to and remain in a treatment program.

TREATMENT NEEDED:

If Part I (a) of the petition is completed, describe the treatment needed by the patient. Use additional sheets if necessary.

If Part I (b) of the petition is completed, describe the treatment needed by the patient and prepare an AOT Plan (form MH-790) to be provided to the court no later than the date of the hearing.

In my opinion: (Check A, B, C, D or E)

- A. The patient is severely mentally ill and in need of continued involuntary treatment either at an inpatient outpatient or partial hospitalization program under Section 301(b)(1) or (2).
- B. The patient is severely mentally ill and in need of involuntary treatment either at an inpatient outpatient or partial hospitalization program under Section 304 (c).
- C. The patient is severely mentally ill and would benefit from AOT under Section 301 (c).
- D. The patient is severely mentally ill and would benefit from AOT under Section 304 (g).
- E. The patient is not in need of involuntary treatment.

<hr/> <small>(PRINT NAME OF EXAMINING PHYSICIAN)</small>	<hr/> <small>(DATE)</small>
<hr/> <small>(SIGNATURE OF EXAMINING PHYSICIAN)</small>	<hr/> <small>(DATE)</small>
<hr/> <small>(PRINT NAME OF EXAMINING PSYCHIATRIST OR LICENSED CLINICAL PSYCHOLOGIST WHEN BOX C IS CHECKED FOR AOT)</small>	<hr/> <small>(DATE)</small>
<hr/> <small>(SIGNATURE OF EXAMINING PSYCHIATRIST OR LICENSED CLINICAL PSYCHOLOGIST WHEN BOX C IS CHECKED FOR AOT)</small>	<hr/> <small>(DATE)</small>

*Note: Examination to determine if the patient would benefit from AOT must be conducted by psychiatrist or licensed clinical psychologist, all other examinations must be conducted by a physician.

* 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.

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

A. _____ receive:
(NAME OF PATIENT)

- Inpatient
- Outpatient
- Partial Hospitalization
- AOT

as a severely mentally disabled person pursuant to the provisions of the Mental Health Procedures Act of 1976 for a period not to exceed _____ days. At present, this treatment setting is the least restrictive setting appropriate for the patient.

(Check appropriate block)

The person 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.

(Check appropriate block)

The patient was represented by _____
(NAME OF ATTORNEY)

(ADDRESS OF ATTORNEY)

The patient declined representation.

**(IF HEARING IS CONDUCTED
BY MENTAL HEALTH REVIEW
OFFICER)**

for the court _____

(MENTAL HEALTH REVIEW OFFICER)

by the court

DATE

(PRINT NAME OF JUDGE)

J.