

**APPLICATION FOR
INVOLUNTARY EMERGENCY EXAMINATION
AND TREATMENT**

**Mental Health Procedures Act of 1976
Section 302**

(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION.)

NAME	LAST	FIRST	MIDDLE	AGE	SEX
ADDRESS					
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 person who believes the patient is in need of treatment. If this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
2. If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
3. When the patient is taken to the examination facility, the rights described in Form MH 783-A must be explained. Part IV should be signed by the person who explains these rights to the patient.
4. Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
5. Part VI is to be completed by the examining physician.
6. If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
7. If the patient is subject to criminal proceedings/detention, briefly describe below.

IMPORTANT NOTICE

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

Part I
APPLICATION

I believe that _____
(PERSON'S NAME)

is severely mentally disabled: (Check and complete all applicable for this patient.)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment 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

(ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

(iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability or mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

Describe in detail the specific behavior within the last 30 days which supports your belief (include location, date and time whenever possible, and state who observed the behavior):

Empty rectangular box for describing behavior.

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that _____

(PERSON'S NAME)

is in need of involuntary examination and treatment. I request that: (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

- A. The County Administrator issue a warrant authorizing a policeman or someone representing the County Administrator or take the patient to a facility for examination and treatment.

SIGNATURE OF APPLICANT

DATE

PRINT NAME AND ADDRESS OF APPLICANT

TELEPHONE NO.

- B. That this facility examine the patient to determine his/her need for treatment.

SIGNATURE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR, OR REPRESENTATIVE

DATE

PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER, COUNTY ADMINISTRATOR OR REPRESENTATIVE

TELEPHONE NO.

ADDRESS

PART II

Authorization for Transportation to an Approved Facility
for Examination Without a Warrant
(Under Section 302(a) (2))

For use in emergency situations when the Administrator orally authorizes a responsible person to take a patient to a designated facility for examination without a warrant. When such authorization of a County Administrator or designee is obtained by telephone, the documentation below is required:

NAME OF PERSON REQUESTING AUTHORIZATION

DATE/TIME OF CALL/AUTHORIZATION

REASON FOR ORAL AUTHORIZATION

NAME AND TITLE OF PERSON GIVING THE AUTHORIZATION

I swear or affirm that I personally obtained authorization for transporting the patient to _____ from the above-named
(FACILITY)

Administrator or his/her representative and that I was advised that documentation of this telephone call is maintained in the Administrator's files.

NAME AND ADDRESS

RELATIONSHIP TO PATIENT

PART III
WARRANT

(Check A or B)

A. Based upon representations made to me by _____
(NAME OF APPLICANT)

I hereby order that _____ shall be taken to
(NAME OF PERSON)
and examined at _____ and if required,
(NAME OF FACILITY)

shall be admitted to a facility designated for treatment for a period of time not to exceed 120 hours.

Name of facility designated for treatment if other than the facility conducting the examination:

SIGNATURE OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

DATE

PRINT NAME OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

DENIAL OF WARRANT

B. The request of the petitioner for a warrant is denied:

SIGNATURE OF COUNTY ADMINISTRATOR OR REPRESENTATIVE

DATE

PART IV
THE PATIENT'S RIGHTS

I affirm that when the patient arrived at _____
(NAME OF FACILITY)

I explained his rights to him/her. These rights are described in Form MH 783-A. I believe that he/she:

does understand these rights.

does not understand these rights.

SIGNATURE OF PERSON EXPLAINING RIGHTS

DATE

PRINT NAME OF PERSON EXPLAINING RIGHTS

**PART VI
PHYSICIAN'S EXAMINATION**

I affirm that _____ arrived at this facility at _____ (EXACT TIME)
and was examined by me at _____ (EXACT TIME).

RESULTS OF EXAMINATION

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

TREATMENT NEEDED: (Describe the treatment needed by the patient. Continue on additional sheets if necessary).

In my opinion: (Check A or B)

- A. The patient is severely mentally disabled and in need of treatment. He should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.

- B. The patient is not in need of emergency involuntary treatment. He shall be returned to a place which he shall reasonably designate.

SIGNATURE OF EXAMINING PHYSICIAN

DATE

PRINT NAME OF EXAMINING PHYSICIAN

EXPLANATION OF RIGHTS UNDER INVOLUNTARY EMERGENCY TREATMENT

(302)

You have been brought to _____ because
(NAME OF FACILITY)

a responsible person has observed your conduct and feels that you present a clear danger to yourself or to other people. Within two hours from now you will be examined by a physician. If the doctor finds that you do not need treatment, you will be returned to whatever place you desire within reason. If the doctor agrees that you are mentally ill and clearly in danger of harming yourself or someone else, you will be admitted to a facility designated by the County Administrator for a period of treatment of up to 120 hours. While you are under examination or in treatment, you have the following rights:

1. You must be told specifically why you were brought here for emergency examination.
2. You may make up to 3 completed phone calls immediately.
3. You have the right to communicate with others.
4. You may give to the facility the names of 3 people whom you want contacted, and they will contact them and keep them informed of your progress while here.
5. The County Mental Health Administrator must take reasonable steps to assure that while you are detained, the health and safety needs of any of your dependents are met and that your personal property and your premises where you live are looked after.
6. You will be provided treatment which is necessary to deal with the emergency so as to protect your health and safety and that of other additional treatment may be provided with your consent.
7. When you are no longer in need of treatment or in 120 hours, whichever comes sooner, you will be discharged unless you agree to remain at the treating facility voluntarily or unless the director of the facility asks the court to extend your treatment for a longer period of time.

In addition to the above rights, the attached Bill of Rights applies to you. You will receive a longer more detailed version of Department of Public Welfare Regulations on rights within 72 hours after your commitment. If you do not understand these rights _____ will be pleased to explain them
(NAME OF MENTAL HEALTH WORKER)
further to you.

EXPLICACION DE LOS DERECHOS BAJO TRATAMIENTO INVOLUNTARIO

(302)

Usted ha sido traído a _____ porque una
(NOMBRE DE LA INSTITUCION)

persona ha observado su conducta y cree que ud. presenta un peligro presente y claro para si mismo como para otros. Si el doctor determina que ud. no necesita tratamiento, será devuelto a cualquier lugar que desee, si es razonable. Si el doctor está de acuerdo que ud. es un enfermo mental y claramente está en peligro de hacerse daño a si mismo y a otros, entonces, será admitido el la institucion designada por el Administrador del Condado por un periodo de tratamiento que no exceda 120 horas. Mientras sea examinado o bajo tratamiento, tiene los siguientes derechos:

1. Tienen que decirle porque le trajeron aquí para hacerle una examinación física.
2. Puede completar hasta tres llamadas telefónicas inmediatamente.
3. Tiene derecho a comunicarse con otros.
4. Puede darle a la institución el nombre de tres personas con la cuales ud. desea que se pongan en contacto. La institución se pondrá en contacto con ellos y les informará acerca de su progreso mientras permanezca aquí.
5. El Administrador de Salud Mental del Condado tiene que tomar pasos razonables para asegurar que mientras este detenido, la seguridad y salud de sus dependientes tanto como su propiedad personal y el local que ocupa, estaran bajo vigilancia.
6. Será sometido a un tratamiento necesario para proteger su salud y seguridad y cualquier otro tratamiento que sea necesario bajo su consentimiento.
7. Cuando y a no necesite tratamiento o hayan pasado 120 horas – lo que venga primero – será dado de alta a menos que ud. esté de acuerdo a permanecer en la institución voluntariamente, o que el director de la institución peticione a la corte extender su periodo de tratamiento.

En adición a los susodichos derechos, la Carta de Derechos se aplica a Ud. Recibirá una versión más larga y detallada de los derechos civiles que aparecen en el Reglamento de Bienestar Público. dentro de 72 horas de ser admitido. Si ud. no entiende estos derechos, _____ se los explicaría con gusto.
(NOMBRE DEL TRABAJADOR DE SALUD MENTAL)

BILL OF RIGHTS

YOU HAVE A RIGHT TO BE TREATED WITH DIGNITY AND RESPECT

YOU SHALL RETAIN ALL CIVIL RIGHTS THAT HAVE NOT BEEN SPECIFICALLY CURTAILED BY ORDER OF COURT

1. You have the right to unrestricted and private communication inside and outside this facility including the following rights:
 - a. To peaceful assembly and to join with other patients to organize a body of or participate in patient government when patient government has been determined to be feasible by the facility.
 - b. To be assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time.
 - c. To make complaints and to have your complaints heard and adjudicated promptly.
 - d. To receive visitors of your own choice at reasonable hours unless your treatment team has determined in advance that a visitor would seriously interfere with your or others treatment or welfare.
 - e. To receive and send unopened letters and to have outgoing letters stamped and mailed. Incoming mail may be examined for good reason in your presence for contraband. Contraband means specific property which entails a threat to your health and welfare or to the hospital community.
 - f. To have access to telephones designated for patient use.
2. You have the right to practice the religion of your choice or to abstain from religious practices.
3. You have the right to keep and to use personal possessions, unless it has been determined that specific personal property is contraband. The reasons for imposing any limitation and its scope must be clearly defined, recorded and explained to you. You have the right to sell any personal article you make and keep the proceeds from its sale.
4. You have the right to handle your personal affairs including making contracts, holding a driver's license or professional license, marrying or obtaining a divorce and writing a will.
5. You have the right to participate in the development and review of your treatment plan.
6. You have the right to receive treatment in the least restrictive setting within the facility necessary to accomplish the treatment goals.
7. You have the right to be discharged from the facility as soon as you no longer need care and treatment.
8. You have the right not to be subjected to any harsh or unusual treatment.
9. If you have been involuntarily committed in accordance with civil court proceedings, and you are not receiving treatment, and you are not dangerous to yourself or others, and you can survive safely in the community, you have the right to be discharged from the facility.
10. You have a right to be paid for any work you do which benefits the operation and maintenance of the facility in accordance with existing Federal wage and hour regulations.

CARTA DE DERECHOS

TIENE DERECHO A SER TRATADO CON DIGNIDAD Y RESPETO

RETENDRA TODOS LOS DERECHOS NO RESPECIFICAMENTE PROHIBIDOS POR ORDEN DE LA CORTE

1. Tiene derecho a comunicarse en privado sin restricciones dentro y fuera de esta institución, incluyendo los siguientes derechos:
 - a. A ser asambleísta pasivo y unirse a otros pacientes para organizar o participar en el gobierno de los pacientes, si eso se ha determinado factible por la institución.
 - b. Ser asistido por cualquier defensor seleccionado por ud. y consultar con un abogado en privado a cualquier hora.
 - c. Quejarse y hacer que sus quejas sean oídas y adjudicadas prontamente.
 - d. Recibir visitantes de su preferencia a horas razonables, a menos que su team de tratamiento haya determinado de antemano que los visitantes pueden interferir seriamente con su bienestar y tratamiento y el de otros.
 - e. Recibir y enviar cartas sin que las abran y tener las cartas de salidas selladas y enviadas por correo. El correo entrante puede ser examinado en su presencia, si hay sospecha razonable que exista contrabando. Contrabando quiere decir una propiedad específica que constituye una amenaza a su salud y bienestar o la comunidad del hospital.
 - f. Tener acceso a los telefonos designados para el uso del paciente.
2. Tiene derecho a practicar su religión o abstenerse de participar en prácticas religiosas.
3. Tiene derecho a retener y usar sus posesiones personales, a menos que alguna propiedad suya se determine contrabando. La razón por la cual se le impone limitación tiene que ser definida, registrada y explicada a Ud. Tiene derecho a vender artículos personales y retener las ganancias de venta.
4. Tiene derecho a manejar sus asuntos personales, incluyendo hacer contrato, tener licencia de manejo o licencia de profesión, casarse, divorciarse y escribir un testamento.
5. Tiene derecho a participar en el desarrollo y la revisión de su plan de tratamiento.
6. Tiene derecho a recibir tratamiento de la manera menos restrictiva dentro de la institución, pero sin que eso afecte los propósitos del tratamiento.
7. Tiene derecho a ser dado de alta tan pronto no necesite ni el cuidado ni el tratamiento.
8. Tiene derecho a no ser sujetado rudamente o tratado de manera inapropiada.
9. Si ha estado cometido involuntariamente de acuerdo con el procedimiento de la corte civil pero no está recibiendo tratamiento, ni es peligroso para si mismo y otros y puede sobrevivir seguramente en la comunidad: tiene derecho a ser dado de alta.
10. Tiene derecho a que le paguen por cualquier trabajo que beneficie la operación y el mantenimiento de esta institución, de acuerdo con el reglamento federal sobre salario.

ALLEGHENY COUNTY MR/MR/D&A PROGRAM
ACKNOWLEDGEMENT

I, _____, petitioner acknowledge that
(petitioner's name)
have been informed that _____ may be subject to an
(patient)
additional period of involuntary treatment not to exceed (20) days. I further acknowledge that
I understand that this additional period of time for treatment will be decided at a Court hearing at
which I will be required to testify.

I have been advised that a hearing may be scheduled at _____
_____ Hospital on _____ date and agree
to verify the date and time by contacting County MH/MR at 350-4457 or 350-4458.

I understand that failure to attend the hearing may result in the patients discharge.

PETITIONER

WITNESS

ADDRESS: _____

Home Phone: _____

Work Phone: _____

NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Uniform Firearms Act, 18 PA. C.S. 6105 (c)(4) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1978 (P.L.817, No 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 Pa.C.S.A. §5501. Pursuant to the Pennsylvania Mental Health Procedures Act Section 109, notification shall be transmitted to the Pennsylvania State Police by the judge, mental health review officer or county mental health and mental retardation administrator within SEVEN days of the adjudication, commitment or treatment by first class mail to the Pennsylvania State Police, Attention: firearm Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. Note: The envelope shall be marked "CONFIDENTIAL."

Place an "X" on either involuntary Commitment or Adjudicated incompetent

INVOLUNTARY COMMITMENT x 302 **ADJUDICATED INCOMPETENT** _____

Date of Involuntary Commitment or Adjudicated Incompetent _____ County Delegate: _____

INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT)

LAST NAME _____ FIRST _____ MIDDLE _____

JR., ETC. _____ MAIDEN NAME _____ ALIAS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

ADDRESS _____

NOTIFICATION BY (Please print name, address, area code, and phone number of agency or county court.)

County Submitting Notification Allegheny

County Mental health and Mental Retardation Administrator Marc Cherna

304 Wood Street, Pittsburgh, PA 15222 (412) 350-4456

County Mental Health Review Officer _____

Physician Certifying Necessity of Involuntary Commitment _____
(Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act)

Hospital/Facility Providing Treatment/Address _____

Judge _____

SIGNATURE OF NOTIFYING OFFICIAL _____ Date _____

Court Case Number _____ Date of Court Order _____

NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the determination of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Uniform Firearms Act, Section 6111.1(g)(3). Notice shall be transmitted by the physician to the Pennsylvania State Police through the county mental health and mental retardation administrator or mental health review officer.

Name of Physician (Please print.) _____

Signature of Physician _____ Date _____