

APPLICATION FOR EXTENDED INVOLUNTARY TREATMENT

MENTAL HEALTH PROCEDURES ACT OF 1976 (SECTION 303)

(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. Part I must be completed by the petitioner. The petitioner will generally be the director, acting director, or appropriate designated staff within the facility where the patient is being treated.
2. Part II is to be completed by persons authorized by the director of the facility to explain rights to the patients.
3. Part III is to be completed by a physician who has personally examined the patient.
4. Part IV is to be completed by a judge or a Mental Health Review Officer.
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 and the 302 form prior to its delivery to the court.
7. The patient should receive a copy of MH 784-A, a copy of this petition, and a copy of Part I or the 302 form when this 303 form is filed with the court.
8. If the patient is subject to criminal proceedings/detention, briefly describe below.

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
REQUEST FOR CERTIFICATION**

_____ has acted in such manner as to cause a responsible party
(NAME OF PATIENT)
to believe that he/she is severely mentally disabled as specified in the attached 302 form. He/she was
admitted to _____ for involuntary emergency examination and
(NAME OF FACILITY)
treatment on _____ at _____ under Section 302. He/she was examined by
(DATE) (EXACT TIME)
_____ and was found to be in need of continued treatment.
(NAME OF PHYSICIAN)

I respectfully request, therefore, that he/she be certified by the court for extended involuntary emergency treatment under Section 303.

(SIGNATURE OF PETITIONER) _____ (DATE)

(TITLE OF PETITIONER)

**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 784-A. I believe that he/she understands, does not understand these rights.

(SIGNATURE OF PERSON GIVING RIGHTS) _____ (DATE)

**PART III
PHYSICIAN'S EXAMINATION**

I hereby affirm that I have examined _____ on
(NAME OF PATIENT)
_____ to determine if he/she continued to be severely mentally ill and in need of treatment.
(DATE)

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 continues to be severely mentally disabled and in need of treatment.
- B. The patient is not severely mentally disabled and in need of involuntary treatment.

(SIGNATURE OF EXAMINING OR TREATING PHYSICIAN) _____ (DATE) _____

**PART IV
CERTIFICATION BY THE COURT FOR EXTENDED INVOLUNTARY
EMERGENCY TREATMENT-SECTION 303**

In the court of _____ of _____ County
_____ term, 20 _____

In re: _____ No. _____

CERTIFICATION FOR EXTENDED TREATMENT

This _____ day of _____, 20 _____ after hearing and consideration of (Details of findings. Include details as to what type and why treatment is needed. Attach reports, testimony, etc.)

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

- A. _____ receive: outpatient,
(NAME OF PATIENT) partial hospitalization
 inpatient treatment

which is the least restrictive treatment setting appropriate for the patient of _____ as a severely mentally disabled person pursuant
(NAME OF FACILITY)
to the provisions of section 303 of the Mental Health Procedures Act of 1976
for a period of _____ .
(NOT TO EXCEED 20 DAYS)

- B. The person is not subject to involuntary treatment.

I have explained to the patient that if his/her conference was before a Mental Health Review Officer he/she may petition the court for a review of any decisions reached at this conference.

(Check appropriate block)

- The patient was represented by _____
(NAME OF ATTORNEY)

(ADDRESS OF ATTORNEY)

- The patient declined representation.

for the court _____

(TITLE)