

# 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. Part I, the petition for order of the court, is to be completed by the director of the facility or his/her authorized representative if the patient is currently receiving treatment. If the patient is not currently receiving treatment, Part I may be completed by any responsible party.
2. Part II is to be completed by persons authorized by the director of the facility to explain rights to 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 by a physician, 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 should receive a copy of 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.

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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 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 or D)

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 an  
(304c) 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
- (ii) the person has attempted suicide and that there is the reasonable probability of suicide unless adequate treatment is afforded under this act. For the purposes 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 further 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 of 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D.  (304c) As the patient is currently in a facility receiving voluntary treatment, I ask the 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. See page 2, for a definition of severe mental disability. (Describe the behavior of the patient within the last 30 days which causes you to believe that he/she is severely mentally disabled. Use additional sheets if necessary.)

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_____ (SIGNATURE OF PETITIONER)	_____ (DATE)
_____ (SIGNATURE OF WITNESS)	_____ (DATE)
_____ (ADDRESS)	_____ (DATE)
_____ (PHONE)	

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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 785-A. I believe that he/she  understands his/her rights,  does not understand his/her rights.

_____ (SIGNATURE OF PERSON GIVING RIGHTS)	_____ (DATE)
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## PART III RESULTS OF EXAMINATION AND DETERMINATION OF NEED FOR (CONTINUED) TREATMENT

I hereby affirm that I have  examined  reexamined \_\_\_\_\_ on \_\_\_\_\_ to determine if he/she continues to be severely mentally disabled and in need of treatment.  
(NAME OF PATIENT)  
(DATE)

### RESULTS OF EXAMINATION

(Give complete details of examination. If request is for 304 or 305, describe details giving evidence that the patient is or remains a clear and present danger to himself/herself or others and indicate how this is least restrictive treatment setting possible.)

**FINDINGS:** (Describe your findings in detail, including your findings of severe mental disability. Use additional sheets if necessary.)

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

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In my opinion: (Check A or B.)

- A.  The patient is severely mentally disabled and in need of (continued) treatment.
- B.  The patient is not in need of involuntary treatment.

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

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**PART IV  
ORDER FOR INVOLUNTARY TREATMENT**

Check one: ( )

- Order for involuntary treatment under Section 304 (b).
- Order for involuntary treatment under Section 304 (c).
- Order for involuntary treatment under Section 305.

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

In re: \_\_\_\_\_ No. \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ after hearing and consideration of (Details of findings. Include details on why treatment is needed. Attach reports, testimony, etc.)

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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:  outpatient,  partial

(NAME OF PATIENT)

hospitalization,  inpatient treatment 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.

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

\_\_\_\_\_  
J.

\_\_\_\_\_  
(PRINT NAME OF JUDGE)