PETITION FOR COMMITMENT FOR INVOLUNTARY TREATMENT AFTER FINDING OF INCOMPETENCY TO STAND TRIAL WHERE SEVERE MENTAL DISABILITY IS NOT PRESENT

MENTAL HEALTH PROCEDURES ACT OF 1976 (SECTION 402B)

NAME OF PATIENT	LAST	FIRST	MIDDLE		AGE	SEX
NAME OF COUNTY PROGRAM		NAME OF BASE SERVICE UNIT		BASE SERVICE UNIT NUMBER		
NAME OF FACILITY		ADMISSION DATE		ADMISSION NUMBER		

INSTRUCTIONS

- 1. This form is to be used for a petition for up to 30 days treatment under Section 402 B of the Mental Health Procedures Act of 1976 when a person has been found incompetent to stand trial but is not severely mentally disabled.
- 2. Part I is to be completed by the patient's attorney, the attorney of the Commonwealth, the County Administrator, the director of the patient's penal institution, etc.
- 3. Part II is to be used by the examining physician who has made a determination of incompetency to stand trial.
- 4. Part III is to be used at the court's discretion.
- 5. If additional sheets are needed at any point, note on this form the number of pages which are attached.

IMPORTANT NOTICE

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

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PART IPETITION FOR ORDER OF THE COURT

(NAME OF PATIENT)	has been found to be incompetent to stand trial. He/she was examined				
hv	, and it was found that he/she is in need of treatment, that it is				
(NAME OF DOCTOR) reasonably certain that such treatment will pro-	ide the patient with the capacity to stand trial, but that the patient is not				
severely mentally disabled. I request, therefore	that the court issue an order that the client by involuntarily committed for:				
inpatient, partial hospitalization, or outpatient treatment for a period of up to 30 days or until the client is					
competent to stand trial, (whichever comes soc	ner) under Section 402 B of the Mental Health Procedures Act of 1976.				
(SIGNATURE OF PETITION	ER) (TITLE)				
(ADDRESS)	(TELEPHONE NUMBER)				
(DATE)					
PART II RESULTS OF EXAMINATION (Statement of Physician) I hereby affirm that I have examined (NAME OF PATIENT) on (DATE) RESULTS OF EXAMINATION FINDINGS: (Give complete details of findings)					
TREATMENT NEEDED:					

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PART II
RESULTS OF EXAMINATION
(Statement of Physician, continued)

In my opinion: (Check A, B or C)				
A. The patient is incompetent to stand trial patient with the capacity to stand trial.	l and 30 days of treatment can be reas	onably certain to provide the		
B The patient is incompetent to stand tria patient with the capacity to stand trial.	l but 30 days of treatment is not reaso	nably certain to provide the		
C. The patient is not incompetent to stand	trial.			
(SIGNATURE OF PETITIONER)		(TITLE)		
ORDER FOR IN	PART III VOLUNTARY TREATMENT			
In the Court of	of	County		
COMMONWEALTH VS.		term, 20		
	No			
Thisday of,	20 after hearing and consid	eration of:		
Details of findings. Include details on what types and why tr	eatment is needed. Attach reports, testimo	ony, etc.)		
The court finds that the patient: (Check A, B or	C)			
A. The patient is incompetent to stand trial patient with the capacity to stand trial.	and 30 days of treatment can be reason	onably certain to provide the		
B The patient is incompetent to stand trial patient with the capacity to stand trial.	but 30 days of treatment is not reason	ably certain to provide the		
C. The patient is not incompetent to stand trial.				

PART III ORDER FOR INVOLUNTARY TREATMENT (continued)

FURTHER, AFTER HEARING AND CONSIDERATION is needed. Attach reports, testimony, etc.)	OF: (Details of findings. Include details on what types and why treatment
The court orders that: (Check A or B)	
A. 🗀	receive outpatient, partial hospitalization, inpatient
(NAME OF PATIENT)	treatment setting appropriate for the patient.
	realment setting appropriate for the patient.
(Description of treatment, explanation of its adequacy and ap	ppropriateness.
as a person incompetent to stand trial but not severely mental Health Procedures Act of 1976 for a period of	mentally disabled pursuant to the provisions of Section 402 B of thedays (not to exceed 30 days).
B. Other:	
(Check appropriate block)	
The patient was represented by	
	(NAME AND ADDRESS OF ATTORNEY)
The patient declined representation.	
	for the court
	(TITLE)