

PETITION TO TRANSFER FOR PERSONS  
IN INVOLUNTARY TREATMENT

**MENTAL HEALTH PROCEDURES ACT OF 1976  
(SECTION 306)**

*(FILL IN ALL APPLICABLE BLANKS.)*

NAME: (LAST, FIRST, MIDDLE)			AGE:	SEX:
NAME OF COUNTY PROGRAM:	NAME OF BASE SERVICE UNIT (BSU):	BSU NO:	ADMISSION DATE:	
NAME OF FACILITY:	CURRENT COMMITMENT STATUS:	NO. OF DAYS REMAINING ON COMMITMENT:		
NAME OF PROPOSED FACILITY:	PROPOSED ADMISSION DATE:	DATE OF PREPARATION:		

**INSTRUCTIONS**

1. Part I, the petition for order of the court, is to be completed by the County Administrator or his authorized representative.
2. Part II is to be completed by the treatment team director on the basis of a current determination of the patient's condition.
3. Part III is to be completed by the person designated by the County Administrator to notify the patient that a petition has been filed and that the patient has received a copy.
4. Part IV is to be completed by the court.
5. If additional sheets are needed, please note on this form the number of pages which are attached.
6. A copy of the treatment plan (if any) and copies of Section 302, 303, 304 and 305 forms, if previously completed prior to the delivery of this form to the court, should be attached.

# PART I PETITION FOR ORDER OF THE COURT

\_\_\_\_\_ is currently under a commitment order of the Court of  
(NAME OF PATIENT)  
 Common Pleas of \_\_\_\_\_ pursuant to Section \_\_\_\_\_ and  
(COUNTY)  
 transfer to another approved facility is necessary and appropriate. The patient:

<input type="checkbox"/> HAS BEEN EXAMINED WITHIN THE LAST 30 DAYS AND WAS FOUND TO BE IN NEED OF TREATMENT.	NAME OF PHYSICIAN
<input type="checkbox"/> HAS NOT BEEN EXAMINED BY A PHYSICIAN WITHIN THE PAST 30 DAYS, BUT I BELIEVE HE/SHE IS IN NEED OF TREATMENT.	

I, therefore, request that he/she be transferred pursuant to Section 306 to an approved facility for continued involuntary treatment under: (Check A, B, C, D, or E)

A. <input type="checkbox"/> SECTION 303	DAYS REMAINING ON CURRENT COMMITMENT	
B. <input type="checkbox"/> SECTION 304 (b)	DAYS REMAINING ON CURRENT COMMITMENT	
C. <input type="checkbox"/> SECTION 304 (c)	DAYS REMAINING ON CURRENT COMMITMENT	
D. <input type="checkbox"/> SECTION 305	DAYS REMAINING ON CURRENT COMMITMENT	
E. <input type="checkbox"/> SECTION _____	DAYS REMAINING ON CURRENT COMMITMENT	

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PETITIONER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

**PART II**  
**EXPLANATION OF DETERMINATION OF NEED TO TRANSFER**

I hereby affirm that I have interviewed the patient and have reviewed the treatment plan and records of \_\_\_\_\_ on \_\_\_\_\_  
(NAME OF PATIENT) (DATE)  
to determine if a transfer is necessary and appropriate.

**FINDINGS:**

**(Give complete details of your review of the treatment plan and records giving evidence that alternative least restrictive plans have been attempted and that a transfer is necessary and appropriate. Use additional sheets if necessary.)**


In my opinion, the patient is in need of transfer to another approved facility.

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

\_\_\_\_\_  
(PRINT NAME AND ADDRESS)

\_\_\_\_\_





**PART IV  
(CONTINUED)**

The court finds that the patient  is  is not appropriate for transfer to an approved facility. Accordingly, the court orders that:

(Check A or B below)

A.  \_\_\_\_\_ receive treatment as a severely mentally disabled person pursuant to the provisions of the Mental Health Procedures Act of 1976 for a period of time not to exceed those required by the original court order at

(NAME OF PATIENT)

\_\_\_\_\_  
(NAME OF FACILITY)

B.  The person is not subject to transfer.

(Check appropriate block)

The patient was represented by \_\_\_\_\_

(NAME OF ATTORNEY)

\_\_\_\_\_  
(ADDRESS OF ATTORNEY)

The patient was declined representation:

For the court

\_\_\_\_\_  
(MENTAL HEALTH REVIEW OFFICER/JUDGE)

\_\_\_\_\_  
(PRINT NAME OF MENTAL HEALTH REVIEW OFFICER/JUDGE)

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