

INSTRUCTIONS FOR COMPLETING PETITION FOR INVOLUNTARY ADMISSION TO A MENTAL HEALTH FACILITY

Paragraph 1: Must be completed in all cases. Please state in your own words, but in detail, the signs and symptoms of mental illness displayed by the Respondent. **Your personal observations that lead you to believe the Respondent is subject to involuntary admission should be included.** It is important to include any diagnosis of mental illness, prior treatment and/or hospitalizations known to you. Describe any threats that he or she has recently made to physically harm himself or herself, or any other person; any behavior or pattern of behavior that indicate an inability of the person to provide for his or her basic needs; e.g., food, shelter, medical care without the intervention of family or friends. If the individual has a history of deteriorating mental health due to their lack of understanding of the disease process and you reasonably expect such person will deteriorate mentally, emotionally or both to an extent that will render him or her incapable of providing for basic needs without the assistance of family or friends, please state the facts especially that support that belief.

IF THE SPACE PROVIDED IS INADEQUATE PLEASE ATTACH ADDITIONAL PAGES.

Paragraph 2: In 2a, select the condition or conditions that you believe will result from the mental illness that the Respondent is currently exhibiting. You may select more than one if you have reason to believe that such allegations are true. NOTE: On Nov 17, 2009, the Illinois Appellate Court issued its decision in a case entitled *In re Torski C.* ___ Ill. A. 3d ____ (2009) (Docket4-08-952). That decision declared that the ground stated at Paragraph 2a iv was too vague to satisfy constitutional requirements. The decision can also be interpreted to have reached the same conclusion as to the grounds set out at Paragraph 2a ii. Some lawyers believe that this decision was erroneous. There may be an appeal to the Illinois Supreme Court. In the meantime, there is legal uncertainty as to the proper manner to proceed in these cases. Please understand that selection of only Paragraph 2a ii and/or 2a iv of these allegations may result in the summary dismissal of the Petition.”

Select Paragraph 2b only if the facts suggest that immediate hospitalization is necessary to protect the Respondent or another from physical harm. The Mental Health Code does allow for the involuntary admission of a Respondent to a mental health facility i.e., outpatient clinic or a treatment facility other than a hospital if the grounds in Paragraph 2a are present. No person may be detained in a hospital or mental health facility unless facts exist establishing that immediate hospitalization is necessary to prevent physical harm to the Respondent or another. The term immediate harm can include situations where the Respondent is unable to care for his or her basic needs without the intervention of family or friends.

Paragraph 3: Select 3a or 3b depending on the Respondent’s status. If he or she is not in a hospital or mental health facility select 3a. You must then state whether the Respondent has been examined by a qualified person who has certified that the Respondent is subject to involuntary admission. Please check Paragraphs 3a i., ii., or iii. Two certificates are required. If they have not been obtained, the judge will only initially determine whether an examination should be ordered. The Respondent is entitled to notice of such hearing unless an emergency exists. If you believe that such an emergency exists, check the box below 3a iii. **Do not complete Paragraph 3b; if you have chosen 3a.**

Paragraph 3b should be selected when a patient has been detained in a hospital or mental health facility. Check 3b i. if the person has been detained on an emergency basis. Please provide all other information requested in that Section. If the facility has received a written request for discharge from a patient on voluntary status, select 3b ii. Check 3b iii, if the Respondent has failed to timely reaffirm their voluntary status at the facility. **NOTE:** Two (2) certificates must accompany the filing of the Petition if the individual was a voluntary patient.

Paragraphs 4, 5, 6 and 7: Please provide all information requested. Attach a copy of any Power of Attorney that has been located.

Paragraph 8: A Petitioner has the right prior to a hearing in this case to request admission to a mental health facility as an informal or voluntary recipient of services. If the Facility Director accepts the request for admission this Petition will normally be dismissed. As the Petitioner, you have a right to appear in court and object to the dismissal of the Petition. Check the box for Paragraph 8 if you want the Facility Director to give you notice of the acceptance of the Respondent as an informal or voluntary recipient. Upon receipt of such a notice, you must then contact the State’s Attorney’s Office Seniors and Persons with Disabilities Unit (312) 603-8600 to arrange for an appearance in Court.

Wherefore Clause: Check box A in all cases. If the person has been detained on an emergency basis or you have submitted the required two certificates with the Petition involving a person who has not been detained; **No other box should be checked.** Check box B if the Respondent has not been examined by **two** mental health providers who executed “Certificates” in connection with this Petition. Check boxes C and D when facts suggest that immediate hospitalization is necessary to protect the Respondent or another from physical harm.

Signature Clause: Please sign the Petition and provide all the requested information.

Hospital Personnel: Please provide all the information requested when the Respondent is admitted as an inpatient. Make certain that you provide the Respondent with a copy of the entire 5 page Petition. The best practice would be to sign and date the Petition immediately after serving him or her with the Petition and advising him or her of the Rights of Admittee and Rights of Recipient Receiving Mental Health and Developmental Disability Services. Be certain to complete both signature pages.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, COUNTY DIVISION

In the Matter of

} CoMH

Respondent

PETITION FOR INVOLUNTARY ADMISSION TO A MENTAL HEALTH FACILITY

1. The Respondent is asserted to be a person subject to Involuntary Admission to a Mental Health Facility by reason of the following facts: (State in detail the signs and symptoms of mental illness displayed by the Respondent. Include prior diagnosis, treatment and hospitalizations. Describe any threats, behavior or pattern of behavior which support your complaint. Include personal observations that lead to your belief the Respondent is subject to involuntary admission):

Blank lines for providing details of the respondent's mental illness and symptoms.

(If additional space is needed please attach a separate page or pages.)

2a. That based upon these facts I believe that the Respondent is subject to involuntary admission to a facility because the Respondent is a person with mental illness who because of their illness is: (Check all that apply. Checking only Sections ii and iv may result in a summary dismissal of the Petition)

- i. reasonably expected to inflict serious physical harm on himself/herself or another in the near future; or
ii. reasonably expected to engage in threatening behavior or conduct that places another person in reasonable expectation of being harmed; or
iii. incapable without the assistance of family or outside help, of providing for their basic physical needs so as to guard themselves from serious harm; or
iv. unable to understand his/her need for treatment because of the nature of their illness, and, who, if not treated, is reasonably expected to suffer or continue to suffer mental deterioration or emotional deterioration or both, to the point that the person is reasonably expected to engage in threatening behavior or conduct that places another person in reasonable expectation of being harmed; or is incapable, without the assistance of family or outside help, of providing for his/her basic physical needs so as to guard himself/herself from serious harm.

2b. That based upon the facts stated in Paragraph 1, I also believe that the Respondent is in need of immediate hospitalization to protect him/herself or others from physical harm.

3a. The Respondent is not currently detained in a mental health facility or hospital.

- i. No Certificate of Examination is attached;
ii. One Certificate of Examination is attached;
iii. Two Certificates of Examination are attached;

(Check, if appropriate) Notice to the Respondent of these proceedings should not be required as the facts contained in this Petition establish that an emergency requiring immediate hospitalization exists and the Petitioner will appear in Court to testify to the facts surrounding this Petition. (Go to Paragraph 4).

3b. The Respondent is currently detained in a mental health facility or hospital; name of institution where detained:

_____ ; because
(If you checked 3b, you must check i, ii or iii)

- i. Emergency Admission (3-600) (You must Check A or B)
A. Certificate is attached to/submitted with this Petition; or
B. No Certificate is attached to/submitted with this Petition because no physician, qualified examiner or clinical psychologist is immediately available or after diligent effort to locate any such person no certificate was obtained and the Respondent has been detained pending such examination because diligent efforts to convince him/her to voluntarily appear for such examination have failed or no such effort was undertaken due to the risk of harm to the Respondent or others. (Check one).

Was the Respondent transported to this facility by a peace officer? YES NO

(If yes, the following information must be provided.)

Name: _____

Badge Number: _____

Employer: _____

- ii. The Respondent has executed a written request for discharge from a voluntary admission (3-403); Date Written Request Received _____ . Two Certificates are attached to/submitted with this Petition.
- iii. The Respondent failed to reaffirm a decision to receive Voluntary Treatment (3-404). Two Certificates are attached to/submitted with this Petition.

4. That witnesses who may be called to testify at a hearing or trial to establish the facts alleged are: *(Include names, addresses, and phone numbers)*

5. That the following named person(s) is/are either the spouse, parent(s), guardian(s) of the Respondent or their substitute decision-maker. If no person listed, identify any close or known friend who may have such knowledge. If no such person is listed, please describe what efforts were undertaken to identify and locate such individuals. *(Include name, address, telephone number and relationship to Respondent.)*

- 6a. I do do not have a legal interest in this matter.
- b. I do do not have a financial interest in this matter.
- c. I am am not involved with litigation with the Respondent.
- d. If you have a financial interest in the matter or are involved in litigation with Respondent, state why it would be impractical or impossible for someone else to act as the Petitioner in this matter:

7a. I have made a good faith effort to attempt to determine whether the Respondent has executed a power of attorney for health care under the Powers of Attorney for Health Care Law or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act and no such documents have been located OR such documents are attached to this Petition. *(Check one.)*

8. I request notice of a Facility Director's decision to accept the Respondent as an informal or voluntary recipient.

WHEREFORE, your Petitioner requests that this Court:

- A. Find the Respondent to be subject to involuntary admission to a mental health facility and determine the least restrictive mental health facility available to the Respondent that is appropriate for his/ her care; and
- B. Pending such finding, order that examination of the Respondent as defined by 405 ILCS 5/3-703 be conducted; and
- C. That the Respondent be admitted to a mental health facility pending such examination; and
- D. That _____ be directed to take the Respondent into custody and transport him/her to the appropriate mental health facility for such examination.

I have read the foregoing Petition and state the facts contained therein are true based upon my knowledge or information and belief.

Signature of Petitioner: _____ Date: _____, _____

Print or Type Name: _____

Address: _____

Telephone Number: _____

Relationship to Respondent: _____

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IN A PETITION FOR INVOLUNTARY ADMISSION IS GUILTY OF A CLASS A MISDEMEANOR.

COMPLETE THE FOLLOWING ONLY WHERE THE RESPONDENT IS ADMITTED AS AN INPATIENT.

Within 12 hours of admission as an inpatient to this facility I gave the Respondent a copy of this Petition. I have explained the Rights of Admittee and Rights of Recipient Receiving Mental Health and Developmental Disability Services as defined by 405 ILCS 5/3-205 and 5/3-609 and provided a written copy of such rights to the Respondent.

Date/Time of Admission to Mental Health Facility or Psychiatric Unit: _____

Signed _____ Date: _____, _____

Print Name _____ Title _____

RIGHTS OF ADMITTEE

1. If you have been brought to this facility on the basis of this petition alone, you will not be immediately admitted, but will be detained for examination. You must be examined by a qualified professional within 24 hours or be released.
2. When you are first examined by a physician, clinical psychologist, qualified examiner, or psychiatrist, you do not have to talk to the examiner. Anything you say may be related by the examiner in court on the issue of whether you are subject to involuntary or judicial admission.
3. At the time that you have been certified you will be admitted to the facility and a copy of the petition and certificate will be filed with the court. A copy of the petition shall also be given to you.
- 4A If you are alleged to be subject to involuntary admission (mentally ill) you must also be examined within 24 hours excluding Saturdays, Sundays, and holidays by a psychiatrist (different from the first examiner) or be released. If you are alleged to be subject to involuntary admission the court will set the matter for a hearing.
- 4B If you are alleged to be subject to judicial admission (mentally retarded) the court will set a hearing upon receipt of the diagnostic evaluation which is required to be completed within 7 days.
- 5A If you are alleged to be subject to involuntary admission (mentally ill) and if the facility director approves, you may be admitted to the facility as a voluntary admittee upon your request any time prior to the court hearing.

The court may require proof that voluntary admission is in your best interest and in the public interest.

- 5B If you are alleged to be subject to judicial admission (mentally retarded) and if the facility director approves, you may decide that you prefer to admit yourself to the facility rather than have the court decide whether you ought to be admitted. You may make the request for administrative admission at any time prior to the hearing. The court may require proof that administrative admission is in your best interest and the public interest.
6. You have the right to request a jury.
7. You have the right to request an examination by an independent physician, psychiatrist, clinical psychologist, or qualified examiner of your choice. If you are unable to obtain an examination, the court may appoint an examiner for you upon your request.
8. You have the right to be represented by an attorney. If you do not have funds or are unable to obtain an attorney, the court will appoint an attorney for you.
9. You have the right to be present at your court hearing.
10. As a general rule, you do not lose any of your legal rights, benefits, or privileges simply because you have been admitted to a mental health facility (see your copy of the "Rights of Individuals)". However, you should know that persons admitted to mental health facilities will be disqualified from obtaining Firearm Owner's Identification Cards, or may lose such cards obtained prior to admission.
11. Information about the health care services you receive at a mental health or developmental disabilities facility is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.O. 104-191) at 45 CFR 160 and 164. Your personally identifiable health information will only be used and/or released in accordance with HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].

A GUARDIANSHIP AND ADVOCACY COMMISSION IS A STATE AGENCY WHICH CONSISTS OF THREE DIVISIONS: LEGAL ADVOCACY SERVICES, HUMAN RIGHTS AUTHORITY AND THE OFFICE OF THE STATE GUARDIAN. THE COMMISSION IS LOCATED AT:

Egyptian Regional Office
#7 Cottage Drive
Anna, Illinois 62906
618-833-4897

Peoria Regional Office
5407 North University, Suite 7
Peoria, Illinois 61614
309-693-5001

East Central Regional Office
423 South Murray Road
Rantoul, Illinois 61866-2125
217-892-4611

Rockford Regional Office
4302 North Main Street
Rockford, Illinois 61103
815-987-7657

North Suburban Regional Office
9511 Harrison Avenue, FA101
Des Plaines, Illinois 60016
847-294-4264

West Suburban Regional Office
P.O. BOX 7009
Hines, Illinois 60141-7009
708-338-7500

Metro East Regional Office
Pine Cottage
4500 College Avenue
Alton, Illinois 62002
618-462-4561

Equip for Equality, Inc. is an independent, not-for profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The offices are located at:

Northeastern Regional Office
20 N. Michigan Ste 300
Chicago, IL 60602
800-537-2632 or 312-341-0022
TTY: 800-610-2779 Se habla Español

West/Central Region
235 S. 5th Street
P. O. Box 276
Springfield, IL 62701
800-758-0464 (Voice-TTY) 217-544-0464

Northwestern Region
1612 Second Avenue
P.O. Box 3753
Rock Island, IL 61204
800-758-6869 (Voice/TTY) 309-786-6868
Website: www.equipforequality.org

I certify that I provided respondent with a copy of this form.

English Spanish Other Specify language: _____ on _____

Time: _____

Signature: _____

Title: _____

Printed Name: _____