

IN RE: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

### Petition for Involuntary Inpatient Placement

COMES NOW the Petitioner, \_\_\_\_\_, and alleges:

1. That Petitioner is Administrator of \_\_\_\_\_  
Name of Facility Facility Address
2. That (Name of Individual) \_\_\_\_\_, is a patient of said facility and has been examined at such facility.
3. The last four (4) digits of the individual's social security number are \_\_\_\_\_ and date of birth is: \_\_\_\_\_.  
Date
4. That this petition is being filed within the following time frames: (Check one below)  
 A. This individual was admitted for involuntary examination and this petition is being filed within the 72-hour examination period, or if the examination period ends on a weekend or legal holiday, on the next court working day  
**OR**  
 B. This individual was transferred to involuntary status after examination or after refusing/revoking consent to treatment or requesting discharge from the facility and this petition is filed within two court working days.
5. That attached hereto and by reference made a part hereof, are two (2) opinions regarding the mental health of said individual necessitating involuntary inpatient placement.
6. That based thereon Petitioner recommends that the individual/respondent be involuntarily placed in \_\_\_\_\_, a (public/private) designated receiving or treatment facility.
7. In addition to at least one of the two experts whose opinions are attached, the following persons may testify:

	<b>Witness</b>	<b>Witness</b>	<b>Witness</b>
Name:	_____	_____	_____
Relationship	_____	_____	_____
Address	_____	_____	_____
Telephone:	(____) _____	(____) _____	(____) _____

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# Petition for Involuntary Placement

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COMES NOW THE PETITIONER and further alleges that:

- 1. A Guardian Advocate is necessary to act on the individual's behalf on issues related to express and informed consent to mental health or medical treatment and a Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate is attached; OR
- 2. The individual/respondent is competent to provide express and informed consent to his or her own treatment or the individual has a guardian authorized to consent to treatment and no Guardian Advocate is requested.

\_\_\_\_\_  
Signature of Facility Administrator or Designee                      Date                      \_\_\_\_\_ am pm

\_\_\_\_\_  
Typed or Printed Name of Administrator or Designee

The individual  does or  does not have a private attorney. If so, the name and address of the private attorney is:

Private Attorney Name: \_\_\_\_\_

Private Attorney Address: \_\_\_\_\_

cc: The Clerk of the Court shall provide a copy of this petition to the: (Check when applicable and initial/date/time when copy provided)

Individual	Date Copy Provided	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Individual		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Public Defender		am pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> State Attorney		am pm	
<input type="checkbox"/> Dept. of Children & Families		am pm	

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