



PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

STATE OF ILLINOIS

CIRCUIT COURT FOR THE **BLANK** JUDICIAL CIRCUIT  
**BLANK** COUNTY

IN THE MATTER OF

**WRITE LEGAL NAME or  
"John Doe" if name known**  
(name of respondent)

)  
)  
)  
)  
)  
)

Docket No. **BLANK**

Who is asserted to be a person subject to **Involuntary** In-patient admission to a facility and for whom  
(judicial/involuntary)

this petition is being initiated by reason of: (Select one or more, if applicable)

Emergency inpatient admission by certificate; (405 ILCS 5/3-600). The Respondent is currently detained in a mental health facility or hospital; name of facility where detained: **University of Chicago Medical Center**

Inpatient admission by court order; (405 ILCS 5/3-700).

Voluntary admittee submitted written notice of desire to be discharged and two Certificates are attached to/submitted with this petition; (405 ILCS 5/3-403).

Voluntary admittee failed to reaffirm a desire to continue treatment and two Certificates are attached to/submitted with this petition; (405 ILCS 5/3-404).

Person continues to be subject to involuntary admission on an inpatient basis; (405 ILCS 5/3-813).

Emergency admission of the developmentally disabled; (405 ILCS 5/4-400).

Judicial admission of the developmentally disabled; (405 ILCS 5/4-500).

Developmentally disabled person or an interested person on behalf of a person submitted written objection to admission; (405 ILCS 5/4-306).

Administrative person; (or person who executed application) failed to authorize continued residence; (405 ILCS 5/4-310).

Person continues to meet standard for judicial admission; (405 ILCS 5/4-611).



Green boxes: Always do exactly as indicated

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I assert that **WRITE LEGAL NAME** is: (check all that apply)

- a person with mental illness who: because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;
- a person with mental illness who: because of his or her illness is unable to provide for his or her self or to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis;
- a person with mental illness who: refuses treatment or is not adhering adequately to prescribed treatment; and the nature of his or her illness is unable to understand his or her need for treatment; and if not treated on an inpatient basis, is reasonably expected based on his or her behavioral history, to suffer mental or emotional deterioration, after such deterioration, to meet the criteria of either paragraph one or paragraph two;
- an individual who: is developmentally disabled and unless treated on an in-patient basis is reasonably expected to cause serious physical harm upon himself or herself or others in the near future, and/or
- in need of immediate hospitalization for the prevention of such harm.

✓ if applicable

I base the foregoing assertion on the following (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): If additional space needed please attach a separate page or pages.

Focus on SI, HI, severe mental illness, inability to care for self, medication non-compliance and other legal criteria for admission. Examples: "John is very depressed. He seems delusional stating that his wife is trying to poison him. He says he wants to die. He has a history of at least one attempt." "Mark's history is not known but he has severe depression. He was brought here by police. He was sitting on 90/94 overpass thinking about jumping."

Below is a list of all witnesses by whom the facts asserted may be proven (include addresses and phone numbers):

Include all witnesses, for example, the medical assistant or nurse who first heard the patient's chief complaint. Include addresses and phone numbers. For clinic staff, provide business contact information.

Listed below are the names and addresses of the spouse, parent, guardian, or substitute decision maker, if any, and close relative or, if none, a friend of the respondent whom I have reason to believe may know or have any of the other names and addresses. If names and addresses are not listed below, I made a diligent inquiry to identify and locate these individuals and the following describes the specific steps taken by me in making this inquiry (additional pages may be attached as necessary):

Always include the name and address of at least one relative listed under the demographics or ask the patient if there are none in the patient's record.

- I do  I do not have a legal interest in this matter.
- I do  I do not have a financial interest in this matter.
- I am  I am not involved in litigation with the respondent.

✓ I do not / I am not, unless not the case

Although I have indicated that I have a legal or financial interest in this matter or that I am involved in litigation with the respondent, I believe it would not be practicable or possible for someone else to be the petitioner for the following reasons:

BLANK



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No certificate was attached with this petition because no physician, qualified examiner or clinical psychologist was immediately available or it was impossible after diligent effort to obtain a certificate. However: I believe, as a result of my personal observation, that the respondent is subject to Involuntary inpatient admission. A diligent effort was made to obtain a certificate; but no physician, qualified examiner or clinical psychologist could be found who has examined or could examine the respondent; and a diligent effort has been made to convince the respondent to appear voluntarily for examination by a physician, qualified examiner or clinical psychologist, or I reasonably believe that effort would impose a risk of harm to the respondent or others.



- One Certificate of Examination is attached.
- Two Certificates of Examination are attached.

Did a peace officer detain respondent, take him/her into custody, and/or transport him/her to the mental health facility?



No  Yes; If yes, the peace officer MAY complete the petition or if the petition IS NOT COMPLETED by the

peace officer transporting the person, the following information MUST be entered:

Transporting Officer's Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

Employer: \_\_\_\_\_

The petitioner can request to be notified if the facility director approves the recipients's request for voluntary or informal admission prior to adjudication. The petitioner may also request to be notified of the recipient's discharge under section 3-902 (d) of the Mental Health and Developmental Disabilities Code. Failure to indicate a choice will be treated as a decision NOT to be notified.

- if the individual requests and is approved for voluntary or informal admission prior to adjudication, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2203 for notification purposes).
- if the individual is committed or discharged by court, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2208M for notification purposes).



I do not wish to be notified in either of the two situations described above.

The petitioner has made a good faith attempt to determine whether the recipient 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 to obtain copies of these instruments if they exist.

I have read and understood this petition and affirm that the statements made by me are true to the best of my knowledge. I further understand that knowingly making a false statement on this Petition is a Class A Misdemeanor.

**DATE**

\_\_\_\_\_

Date

**TIME**

\_\_\_\_\_

Time

**HEALTH CARE PROVIDER**

\_\_\_\_\_

Relationship to Respondent

**SIGN**

\_\_\_\_\_

Signed

**NAME**

\_\_\_\_\_

Printed Name

**5841 S Maryland Avenue, Chicago, IL 60637**

Address

**773-702-6840**

Telephone Number