



**PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION**

PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

STATE OF ILLINOIS

CIRCUIT COURT FOR THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

IN THE MATTER OF

\_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )

Docket No. \_\_\_\_\_

← Name of patient goes here.

(name of respondent)

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: \_\_\_\_\_
- 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).



**CHECK ONE OF THE TWO:**  
**(Top one: threat of harm to self or others)**  
**(Bottom one: unable to care for self)**

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I assert that \_\_\_\_\_ 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 basic physical needs so as 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; because of 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 and is reasonably expected, after such deterioration, to meet the criteria of either paragraph one or paragraph two above.
- an individual who: is developmentally disabled and unless treated on an in-patient basis is reasonably expected to inflict 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.

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.

**REQUIRED. When, who, where, what happened. Be specific and objective. Use quotes to document statements. Identify the harm. Must show clear need of hospitalization.**

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

**Recommended (if applies).**  
**Witnesses adds credibility. Names, relationship to patient, address, phone number.**

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):

**REQUIRED. If you cannot locate or determine any contacts, document attempts made and explain why no names are listed.**

- 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. ←

**Check "I do" or "I do not for each statement.**

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:

**Only completed IF "I am" is checked for being involved with litigation with patient. Check the yellow box and explain why you are the only one who can complete this petition. BEING UNDER ARREST IS NOT LEGAL INTEREST.**



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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.

**Check "No" or "Yes", and complete Yellow Officer information if peace officer not completing petition.**

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

\_\_\_\_\_ Signed

\_\_\_\_\_ Time

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Relationship to Respondent

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone Number

**ALL of these boxes must be completed by the petitioner, and SIGNED.**



### PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

Within 12 hours of admission to the facility under this status and/or completion of a new petition, I gave the respondent a copy of this Petition (IL462-2005). I have explained the Rights of Admittee to the respondent and have provided him or her with a copy of it. I have also provided him or her with a copy of Rights of Individuals Receiving Mental Health and Developmental Services (IL462-2001) and explained those rights to him or her (405 ILCS 5/3-609).

Date/Time of Admission \_\_\_\_\_

Signed: \_\_\_\_\_

To Mental Health Facility/Psychiatric Unit

Printed Name: \_\_\_\_\_

Date/Time

Petition Completed: \_\_\_\_\_

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 (developmentally disabled) 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 (developmentally disabled) 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 Development Disabilities Confidentiality Act [740 ILCS 110].



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I certify that I provided respondent with a copy of this form. (pages 1-5) on \_\_\_\_\_

English     Spanish     Other    Specify language: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

A Guardianship and Advocacy Commission has been created which consists of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at:

**Chicago Regional Office**

160 N. La Salle Street  
Suite S500  
Chicago, IL 60601  
Phone: (312) 793-5900  
Fax: (312) 793-4311  
TTY: (866) 333-3362

**Springfield Regional Office**

830 S. Spring Street  
Springfield, IL 62704  
Phone: (217) 785-1540  
Fax: (217)524-0088  
TTY: (866) 333-3362

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 office is located at: **Website:** [www.equipforequality.org](http://www.equipforequality.org)

**Main/Chicago Office**

20 N. Michigan, Ste 300  
Chicago, Illinois 60602  
(800) 537-2632 or  
(312) 341-0022  
TTY: (800) 610-2779  
Fax: (312) 800-0912

The information you provide on this form is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) ([PL 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.

I have explained these rights to the individual (or the guardian of the individual, if applicable) and have provided him or her a copy of it. A copy of this form has been filed in the individual's clinical record.

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Signature of Individual Receiving Services

Check here if individual refuses to sign

\_\_\_\_\_  
Staff Name and Title

\_\_\_\_\_  
Witness' Name (required only if individual refuses to sign)

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Witness' Signature (required only if individual refuses to sign)