

**DEPARTMENT OF COURT RECORDS WILLS / ORPHANS' COURT DIVISION
ALLEGHENY COUNTY, PENNSYLVANIA**

Request for Confidential Court Records [PA Mental Health Procedures Act]

Please type or print legibly:

Name: _____

Date of birth: _____

SSN last four digits: _____

Your telephone number: _____

*Date of birth and social security number information are
used to verify identity. See Title 50 Pa.C.S. Section 7111.*

- I am requesting that I be provided with any Court records that exist related to any involuntary civil commitment cases wherein I was the subject of the commitment.
- I understand that the applicable filing fee of \$20.00 will not be refunded if no records are found. (form of payment (credit card **(in person only)**, money order, cashier's check , cash) **(no personal checks)**)
- I understand that records of Section 7302 commitments are not Court records.
- I understand that medical records are not Court records.

*This fully completed form (both pages) must be delivered to the
Department of Court Records at this address, including the applicable filing fee:*

Department of Court Records, Wills / Orphans' Court Division
414 Grant Street - First Floor
Pittsburgh, PA 15219

Please choose one of the following options:

_____ I will return to retrieve any records that are found. Please call me at this telephone number if records are located: _____.

Or

_____ I authorize the Court to send the records to me at the following address, via certified mail, which will not be restricted delivery:

Instructions: You must attach a legible photocopy of a current photo identification card. You also must have this form notarized.

Please allow at least two weeks for processing time.
Record searches require the inspection of physical files to verify accuracy.

AFFIDAVIT

STATE: _____ COUNTY: _____.

SWORN TO AND SUBSCRIBED

before me this _____ day of

Affiant

_____, _____.

_____ NOTARY PUBLIC