

Civil Commitment Records Request Form

You can use this form to request a copy of your civil commitment records from the Civil Commitment Department of the Orphans' Court. Please make sure that the following steps are completed before submitting the form:

1. Complete both sections on page 1.
2. Complete page 2 in the presence of a notary and have the form notarized at the bottom on page 2. Assistance with finding a notary can be found online at www.notaries.pa.gov/Pages/NotarySearch.aspx.
3. **Attach a legible photocopy of a current photo identification card to the form.**
4. Mail or hand-deliver the form to:

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

5. A non-refundable filing fee of **\$20.00** must be paid at the time the form is submitted. Payment can be made by credit card (in person only), money order, cashier's check, or cash. Personal checks will not be accepted. Please allow for up to two weeks for processing.

Please type or print legibly:

Full Name: _____

Date of Birth: _____ SSN (last 4 digits): _____

Telephone Number: _____

Please choose one of the following options and fill in the required information:

I will pick the records up from the Orphans' Court at 1700 Frick Building, 437 Grant Street, Pittsburgh, PA 15219, during business hours. Please call me at the following telephone number when the records are ready: _____

I authorize the Court to mail the records directly to me. I understand that the records will be sent with unrestricted delivery to the following address:

Court of Common Pleas of Allegheny County, Pennsylvania
Orphans' Court Division
Civil Commitment Department

Note: The following section of this form must be completed in the presence of a notary.

Please read the following statements:

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.

I understand that records of Section 7302 of the Mental Health Procedures Act are not Court records and will not be produced as part of this records request.

I understand that medical records are not Court records and will not be produced as part of this records request.

I understand that transcripts of Court proceedings will not be produced as part of this request. Transcripts must be requested from the Office of the Court Reporters.

By signing below, I affirm that I have read and understood the above statements. I understand that false information provided herein is made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Name: _____ Signature: _____

Date: _____

State/Commonwealth of _____

County of _____

This record was signed (or attested) before me on _____ (date) by
_____ (name of individual).

(Stamp)

Signature of Notarial Officer

My commission expires: _____

Title of Officer