

# PETITION FOR ASSISTED OUTPATIENT TREATMENT (AOT)

## MENTAL HEALTH PROCEDURES ACT OF 1976

### (SECTION 304 (c.2))

NAME OF PERSON	LAST	FIRST	MIDDLE	AGE	SEX
NAME OF COUNTY PROGRAM		NAME OF BSU		BSU NO.	
NAME OF AOT PROVIDER Complete this line after hearing		ADMISSION DATE		ADMISSION NO.	

### INSTRUCTIONS

1. Part I must be completed by the responsible party (petitioner) who believes the person subject to this petition is in need of AOT under Section 301(c) and is not already receiving involuntary treatment.
2. The responsible party (petitioner) with the assistance of the MH/ID County Administrator or designee must file the completed petition in the court of common pleas requesting a hearing for AOT. Upon determination that the petition sets forth reasonable cause, the court shall appoint an attorney to represent the person subject to the petition and set a date for the hearing as soon as possible.
3. Part II is to be completed by the petitioner only when the person subject to the petition has refused to submit to the examination in Part IV
4. Part III is to be completed by the court.
5. Part IV is to be completed by a psychiatrist, licensed clinical psychologist or qualified professional designated by the county administrator and appointed by the court who has examined the person subject to this petition. If the person subject to this petition has not been examined, this section may be completed on order of the court. (*see Part III*)
6. Part V is to be completed by the psychiatrist or licensed clinical psychologist who has reviewed and approved the examination conducted by the qualified professional in Part IV.  
(*Note: Part V should only be completed when the examination in Part IV was conducted by a qualified professional. If the examination was conducted by a psychiatrist or licensed clinical psychologist, this section should be left blank.*)
7. Part VI is to be completed by persons authorized by the MH/ID County Administrator to explain rights to the person subject to this petition.
8. Part VII is to be completed by the court.
9. If additional sheets are needed at any point, note on this form the number of pages, which are attached.
10. The person subject to this petition shall receive a copy of Notice of Hearing on Petition for AOT (form MH-789-A), Bill of Rights for AOT (form MH-789-B) and a copy of this petition at least three (3) days prior to the hearing.
11. If the person subject to this petition is subject to criminal proceedings/detention, briefly describe below.

### IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN COMPLETING THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

**PART I**  
**PETITION FOR ORDER OF THE COURT**

I believe that \_\_\_\_\_  
(NAME OF PERSON)

would benefit from AOT, defined as community-based outpatient social, medical and behavioral health treatment services ordered by the court for a severely mentally ill person which may include community psychiatric supportive treatment, assertive community treatment, medication, individual or group therapy, peer support services, financial services, housing or supervised living services, co-occurring alcohol or substance abuse treatment, and any other services prescribed to treat the person's mental illness.

He/she is severely mentally ill and there is clear and convincing evidence that he/she needs AOT based upon behavior that indicates **all** of the following have occurred:

(i) The person is unlikely to survive safely in the community without supervision, based upon clinical determination.

(ii) The person has a history of lack of voluntary adherence to treatment for mental illness and **one** of the following applies:

(A) Within 12 months prior to the filing of this petition seeking AOT, the person's failure to adhere to treatment has been a significant factor in necessitating involuntary inpatient hospitalization or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the 12-month period shall be extended by the length of any hospitalization or incarceration of the person in a correctional institution that occurred within the 12-month period.

(B) Within 48 months prior to the filing of this petition seeking court-ordered AOT, the person's failure to adhere to treatment resulted in one or more acts of serious violent behavior towards others or himself, or threats of or attempts at, serious physical harm to others or himself, provided that the 48-month period shall be extended by the length of any hospitalization or incarceration of the person in a correctional institution that occurred within the 48-month period.

(iii) The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment and the person previously has been offered voluntary treatment services but has not accepted or has refused to participate on a sustained basis in voluntary treatment, provided that voluntary agreement to enter into services by a person during the pendency of a petition for AOT shall not preclude the court from ordering AOT for that person if reasonable evidence exists to believe that the person is unlikely to make a voluntary sustained commitment to and remain in a treatment program.

(iv) Based on the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to others or himself.

Describe in detail the specific behavior of the person subject to this petition for each of the criteria listed in (i) - (iv) above (include location, date and time whenever possible and state who observed the behavior):

Therefore, I request that \_\_\_\_\_ be ordered to receive AOT.  
(NAME OF PERSON)

\_\_\_\_\_  
(NAME OF PETITIONER)

\_\_\_\_\_  
(ADDRESS OF PETITIONER)

\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

\_\_\_\_\_  
(DATE)

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**PART II**  
**AFFIDAVIT OF EXAMINATION REFUSAL**

I hereby affirm that \_\_\_\_\_ has refused to submit to an  
(NAME OF PERSON)  
examination by a psychiatrist, or a licensed clinical psychologist to determine if he/she is  
severely mentally ill; and in need of AOT.

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

\_\_\_\_\_  
(DATE)

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**PART III**  
**ORDER FOR EXAMINATION**

Upon motion by  this court,  the petitioner, or  person subject to this petition, I  
hereby order \_\_\_\_\_ to be examined on or before \_\_\_\_\_  
(NAME OF PERSON) (DATE)  
by psychiatrist, licensed clinical psychologist or qualified professional to determine if  
he/she is severely mentally ill and in need of AOT.

\_\_\_\_\_  
(SIGNATURE OF COURT OFFICIAL)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME OF COURT OFFICIAL AUTHORIZING EXAMINATION)

\* Note: The examiner must complete Part IV of this petition. The report from the mandatory examination must be submitted to the court and counsel 48 hours prior to hearing on this issue.

**PART IV**  
**Results of Examination and Determination of Need for Assisted Outpatient Treatment (AOT)**

I hereby affirm that I have examined \_\_\_\_\_ on \_\_\_\_\_ to determine if he/she is severely mentally ill and in need of AOT.  
(NAME OF PERSON) (DATE)

**RESULTS OF EXAMINATION**

(Describe your findings in detail below. Use additional sheets if necessary.)

\*Note: Information regarding Substance Use Disorder (SUD) treatment is subject to specific confidentiality requirements under state and federal law, including 71 P.S. § 1690.108 and 42 CFR § 2.64. If the person subject to the AOT petition does not consent to disclosing confidential SUD treatment information to the court or counsel, a separate petition for authorization should be filed with the court and an order obtained prior to disclosure.

In my opinion: (Check A or B):

- A.  The person is severely mentally disabled and needs AOT. *(If AOT is recommended, you MUST provide an AOT plan (form MH-790) no later than the date of the hearing.)*
- B.  The person is NOT severely mentally disabled and does not need AOT.

\_\_\_\_\_  
(NAME OF EXAMINING PSYCHIATRIST, LICENSED CLINICAL PSYCHOLOGIST OR QUALIFIED PROFESSIONAL)

\_\_\_\_\_  
(LICENSE NUMBER OR CREDENTIALS)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

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**PART V  
VERIFICATION OF EXAMINATION RESULTS**

I hereby affirm that I have reviewed and approved the written examination report in Part IV prepared by the qualified professional designated by the county administrator and appointed by the court.

\_\_\_\_\_  
(NAME OF PSYCHIATRIST OR LICENSED CLINICAL PSYCHOLOGIST)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

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**PART VI  
RIGHTS OF PERSON SUBJECT TO PETITION**

I affirm that I have informed \_\_\_\_\_ of the actions that are being taken  
(Name of person)  
under Section 304 (c.2) and have explained the procedures and his/her rights as described in forms MH-789-A and MH-789-B.

I believe that he/she  understands,  does not understand his/her rights.

\_\_\_\_\_  
(NAME OF AUTHORIZED PERSON GIVING RIGHTS)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED PERSON GIVING RIGHTS)

\_\_\_\_\_  
(DATE)

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**PART VII  
ORDER FOR ASSISTED OUTPATIENT TREATMENT (AOT)  
SECTION 304 (C.2)**

In the court of \_\_\_\_\_ of \_\_\_\_\_ County  
\_\_\_\_\_ term, 20\_\_\_\_\_

In re: \_\_\_\_\_ No. \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ after hearing and  
consideration of: [Details of findings. Include why AOT is needed. Attach  
reports, testimony, and the AOT Plan (form MH-790) etc.]

The court finds that the person  is;  is not severely mentally disabled and in need of AOT based on the following findings:

(i) The person is unlikely to survive safely in the community without supervision, based upon clinical determination.  YES  NO

(ii) The person has a history of lack of voluntary adherence to treatment for mental illness and **one** of the following applies:  YES  NO

(A) Within 12 months prior to the filing of this petition seeking AOT, the person's failure to adhere to treatment has been a significant factor in necessitating involuntary inpatient hospitalization or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the 12-month period shall be extended by the length of any hospitalization or incarceration of the person in a correctional institution that occurred within the 12-month period.

(B) Within 48 months prior to the filing of this petition seeking court-ordered AOT, the person's failure to adhere to treatment resulted in one or more acts of serious violent behavior towards others or himself, or threats of or attempts at, serious physical harm to others or himself, provided that the 48-month period shall be extended by the length of any hospitalization or incarceration of the person in a correctional institution that occurred within the 48-month period.

(iii) The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment and the person previously has been offered voluntary treatment services but has not accepted or has refused to participate on a sustained basis in voluntary treatment, provided that voluntary agreement to enter into services by a person during the pendency of a petition for AOT shall not preclude the court from ordering AOT for that person if reasonable evidence exists to believe that the person is unlikely to make a voluntary sustained commitment to and remain in a treatment program.  YES  NO

(iv) Based on the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to others or himself.  YES  NO

Accordingly, the court orders that:

(Check A or B below)

A.  The person is subject to AOT for \_\_\_\_\_ days.  
(NOT TO EXCEED 90 DAYS)

(Check appropriate block)

The person  is  is not subject to medication management under an AOT order. If the person is subject to medication management as part of an AOT order, the prescribing physician at the designated AOT facility is authorized to perform routine medication management including adjusting medications and doses, in consultation with the person subject to this order, and as warranted by changes in the person's medical conditions.

B.  The person is NOT subject to AOT.

(Check appropriate block)

The person was represented by \_\_\_\_\_  
(NAME OF ATTORNEY)

\_\_\_\_\_  
(ADDRESS OF ATTORNEY)

The person declined representation.

**(IF HEARING IS CONDUCTED  
BY MENTAL HEALTH REVIEW  
OFFICER)**

for the court \_\_\_\_\_

\_\_\_\_\_  
(MENTAL HEALTH REVIEW OFFICER)

by the court

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
**J.**

\_\_\_\_\_  
(PRINT NAME OF JUDGE)