

Attachment B

Act 65 of 2020: Sample Petition for Objection to Voluntary Inpatient Mental Health Treatment by a Minor

Authority

Act 65 of 2020 (“Act 65”) (35 P. S. § § 10101.1—10101.2) governs who can provide consent for voluntary mental health treatment of minors who are 14 years of age and less than 18 years of age (“minor”), in both inpatient and outpatient settings.

Applicability

Section 1.1 (b)(1) of Act 65 states that “a minor’s parent or legal guardian may consent to voluntary inpatient treatment pursuant to Article II of the act of July 9, 1976 (P.L. 817, No 143) known as the “Mental Health Procedures Act,” on behalf of a minor less than eighteen years of age on the recommendation of a physician who has examined the minor. The minor’s consent shall not be necessary.” (35 P. S. § 10101.1 (b) (2))

Section 1.1(b)(8) of Act 65 states that “any minor fourteen years of age or older and under eighteen years of age who has been confined for inpatient treatment on the consent of a parent or legal guardian and who objects to continued inpatient treatment may file a petition in the court of common pleas requesting a withdrawal from or modification of treatment.” Further, Section 1.1 (7) of Act 65 states that, “when a petition is filed on behalf of a minor fourteen years of age or older and under eighteen years of age who has been confined for inpatient treatment on the consent of a parent or legal guardian and who objects to continued inpatient treatment by requesting a withdrawal from or modification of treatment, the court shall promptly appoint an attorney for the minor and schedule a hearing to be held within seventy-two hours following the filing of the petition...” For IP treatment to continue, the court must find:

- “(i) that the minor has a diagnosed mental disorder;
- (ii) that the disorder is treatable;
- (iii) that the disorder can be treated in the particular facility where the treatment is taking place; and
- (iv) that the proposed inpatient treatment setting represents the least restrictive alternative that is medically appropriate.” (35 P. S. § 10101.1 (b) (8))

Instructions to Complete the Petition for Objection to Voluntary Inpatient Mental Health Treatment by a Minor

1. Part 1 is to be completed by the facility director or their designee. Supporting documentation which verifies the medical necessity of inpatient treatment may be attached, including documentation from the certifying physician, to assist in the petition review.
2. Part 2 is to be completed by the minor filing the objection to voluntary inpatient mental health treatment. A designee may assist the minor in completing the petition when requested by the minor. The role of the designee is to assist the minor in transcribing information but not to provide their own opinion or language.
3. Part 3 is to be completed by the court.
4. The minor shall be informed of the outcome of the petition.

Name of Minor:	Last:	First:	Middle Initial:
Date of Birth:	Admission Date:	Facility Name:	
Date minor objected to treatment:	Time minor objected to treatment:	Admission Number:	

PART I
Results of Examination and Determination of Need for Inpatient Treatment
(To be completed by the facility director or their designee)

_____ has been admitted to _____
Minor's name *Facility name*
for voluntary Inpatient (IP) mental health treatment on _____.

_____ has provided consent to this treatment.

The minor is requesting a *Minor's parent or legal guardian name* withdrawal from or modification of this voluntary IP treatment.

List what action the facility has taken to assist the above-named minor in understanding what IP treatment will be provided and how it will benefit them: *(Supporting documentation may be attached)*

Certifying Physician Information

Last Name: _____ First Name: _____

Medical License Number: _____

Date of certification: _____

Time of certification: _____

Location of certification: _____

Minor's mental health diagnosis(es) at certification:

Designated program and location for inpatient treatment:

Is the recommended inpatient treatment the least restrictive setting that is medically appropriate?

Medical reasons the minor needs, and will benefit from, inpatient treatment: *(Supporting documentation may be attached)*

If treatment has already begun, please provide a brief description of the treatment provided: *(Supporting documentation may be attached)*

Signature of facility director or designee: _____

Date: _____

Part II

Minor's Petition for Order of the Court

(To be completed by the minor or their designee)

Has it been explained to you why a doctor believes you need inpatient treatment?

Yes

No

Do you believe you could benefit from inpatient treatment?

Yes

No

What are you requesting from the court?

Withdrawal from inpatient treatment

Modification of inpatient treatment

Why are you requesting a withdrawal from or a modification of your inpatient treatment?

Signature of minor: _____

Date _____

PART III
Order for Voluntary Mental Health Treatment
(To be completed by the court)

In the court of _____ of _____ County
_____ term, _____

In re: _____

Docket No. _____

On this day _____ of _____, _____ after a hearing and consideration of (Details of findings from a minor, physician, Inpatient treatment provider, and parent/legal guardian. Please include reports, testimony and any other applicable information):

The court has determined:

- Minor shall be **discharged from Inpatient Treatment** because the court finds:
 - The minor does not have a diagnosed mental health disorder.
 - The disorder is not treatable.
 - The disorder cannot be treated in the facility where the treatment is currently taking place.
 - The proposed inpatient treatment setting does not represent the least restrictive alternative that is medically appropriate.

Other reason(s):

- Minor shall **remain at inpatient treatment** for _____ days
(initial treatment period shall not exceed 20 days, and subsequent treatment period(s) shall not exceed 60 days).

Date: _____

Signature of Judge: _____

Print Name of Judge: _____

The minor was represented by:

Minor's attorney address: _____
