

ORDER FOR ADMINISTRATION OF PSYCHOTROPIC MEDICATIONS / ELECTROCONVULSIVE THERAPY

STATE OF ILLINOIS

CIRCUIT COURT FOR THE _____ JUDICIAL COURT
_____ COUNTY

In the matter of _____)

DOCKET NUMBER _____

)

)

)

This matter coming to be heard on the petition of _____

and the court **having found that:** _____ (name of petitioner)

1) The individual has a (check either one or both) **serious mental illness** **developmental disability**
and,

2) The individual exhibits any one of the following: a) deterioration of his or her ability to function, b) suffering;
or c) threatening behavior;

3) The illness or disability has existed for a period marked by the continuing presence of the symptoms set forth
in item (2) above, or the repeated episodic occurrence of these symptoms;

4) The benefits of the treatment will outweigh the harm;

5) The individual lacks the capacity to make a reasoned decision about the treatment;

6) Other less restrictive services were explored and found inappropriate;

7) Testing and/or other procedures are essential for the safe and effective administration of treatment and;

8) A good faith attempt was made to determine whether the individual has executed a Power of Attorney for Health
Care or a declaration for mental health treatment.

IT IS HEREBY ORDERED THAT THE PETITION IS GRANTED.

_____ has been authorized to receive Psychotropic Medication and/or
(Individual's Name) Electroconvulsive Therapy

The treatment will be administered by _____ at _____
(Physician) (Facility Name)

PSYCHOTROPIC MEDICATION

To administer psychotropic medication to the individual for _____ days (not to exceed 90/180* days)

Psychotropic medications to be given to the individual.

1st Choice

Name of Medication

Dosage Range

Alternatives

Name of Medication

Dosage Range

Name of Medication

Dosage Range

Name of Medication

Dosage Range

ELECTROCONVULSIVE THERAPY

To administer electroconvulsive therapy to the individual for _____ days (not to exceed 90/180* days)

The initial number of treatments to be administered will be _____ treatments.

number

Additionally, the following _____ electroconvulsive therapy maintenance treatment will be given to the individual within.

number

the timeframe specified.

TESTING AND/OR OTHER PROCEDURES (if applicable)

Specific testing and procedures necessary to administer the above are as follows:

Dated: _____

Entered:

JUDGE

* In no event shall an order issued under this Section be effective for more than 90 days. A second 90 day period may be authorized pursuant to a hearing that complies with the standards and procedures of Section 2-107.1 (A-5). Thereafter, additional 180 day periods of psychotropic medication and/or electroconvulsive therapy may be ordered.