



PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION FOR FORENSIC PROGRAMS

CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY

IN THE MATTER OF

Docket No. _____

)
)
)
)
)

(name of person)

Who is asserted to be a person subject to _____ admission to a facility and for who this petition is initiated by reason of:

Individual is unfit to stand trial, remanded to the Department of Human Services for a hearing under the Mental Health and Developmental Disabilities Code. (725 ILCS 5/104-23(b)(3))

I asset that _____ is:

(name)

A person who is mentally ill and who because of his or her illness is reasonably expected to inflict serious physical harm upon himself or herself or another in the near future.

A person who is mentally ill and who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious physical harm.

A person who is mentally retarded and is reasonably expected to inflict physical harm upon himself or herself or others in the near future.

In need of immediate hospitalization for the prevention of such harm.



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I base the foregoing assertion on the following (provide a detailed statement including a description of any acts or significant threats supporting the assertion and the time and place of their occurrence. Additional page(s) may be attached as necessary:

Below is a list of all witnesses by whom the facts asserted may be provided (include addresses and telephone numbers):

I do do not have a legal interest in this matter.

I do do not have a financial interest in this matter.

I am am not involved in litigation with respondent.

No certificate is attached because after diligent effort it was impossible to locate someone legally authorized to issue the certificate.

I have read and understood this petition and affirm that the statements made by me are true to the best of my knowledge.

Date: _____ Signed: _____

Time: _____ Printed Name: _____

Relationship to respondent: _____ Address: _____



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Listed below are the names and addresses of the spouse, parent, guardian, close relative, or, if none, a friend of the respondent. If names and addresses are not listed below, describe efforts made to identify and locate these individuals.

Signed: _____

Title: _____

Within 12 hours after admission to the facility under this status, I gave respondent a copy of this Petition. I have explained the "Rights of Admittee" to the respondent and have provided him or her with a copy of it. I have also provided him or her with a copy of "Rights of Individuals" and explained those right to him or her (405 ILCS 5/3-609).

Date: _____ Signed: _____

Time: _____ Title: _____



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RIGHTS OF ADMITTEE

1. If you have been brought to this facility on the basis of this petition alone, you will not be immediately admitted, but will be detained for examination. You must be examined by a qualified professional within 24 hours or be released.
2. When you are first examined by a physician, clinical psychologist, qualified examiner, or psychiatrist, you do not have to talk to the examiner. Anything you say may be related by the examiner in court on the issue of whether you are subject to involuntary or judicial admission.
3. At the time that you have been certified you will be admitted to the facility and a copy of the petition and certificate will be filed with the court. A copy of the petition shall also be given to you.
- 4A. If you are alleged to be subject to involuntary admission (mentally ill) you must also be examined within 24 hours excluding Saturdays, Sundays, and holidays by a psychiatrist (different from the first examiner) or be released. If you are alleged to be subject to involuntary admission the court will set the matter for a hearing.
- 4B. If you are alleged to be subject to judicial admission (mentally retarded) the court will set a hearing upon receipt of the diagnostic evaluation which is required to be completed within 7 days.
- 5A. If you are alleged to be subject to involuntary admission (mentally ill) and if the facility director approves, you may be admitted to the facility as a voluntary admittee upon your request any time prior to the court hearing. The court may require proof that voluntary admission is in your best interest and in the public interest.
- 5B. If you are alleged to be subject to judicial admission (mentally retarded) and if the facility director approves, you may decide that you prefer to admit yourself to the facility rather than have the court decide whether you ought to be admitted. You may make the request for administrative admission at any time prior to the hearing. The court may require proof that administrative admission is in your best interest and the public interest.
6. You have the right to request a jury.
7. You have the right to request an examination by an independent physician, psychiatrist, clinical psychologist, or qualified examiner of your choice. If you are unable to obtain an examination, the court may appoint an examiner for you upon your request.
8. You have the right to be represented by an attorney. If you do not have funds or are unable to obtain an attorney, the court will appoint an attorney for you.
9. You have the right to be present at your court hearing.
10. As a general rule, you do not lose any of your legal rights, benefits, or privileges simply because you have been admitted to a mental health facility (see your copy of the "Rights of Individuals"). However, you should know that persons admitted to mental health facilities will be disqualified from obtaining Firearm Owner's Identification Cards, or may lose such cards obtained prior to admission.



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I certify that I provided the respondent with a copy of this form in

English Spanish Other (specify) _____ on _____ .
(language) (date)

Signature: _____ Title: _____

A Guardianship and Advocacy Commission has been created which consists of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at:

Chicago Regional Office

160 N. La Salle Street
Suite S500
Chicago, IL 60601
Phone: (312) 793-5900
Fax: (312) 793-4311
TTY: (866) 333-3362

Springfield Regional Office

830 S. Spring Street
Springfield, IL 62704
Phone: (217) 785-1540
Fax: (217)524-0088
TTY: (866) 333-3362

Equip for Equality, Inc. is an independent, not-for-profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The office is located at: **Website:** www.equipforequality.org

Main/Chicago Office

20 N. Michigan, Ste 300
Chicago, Illinois 60602
(800) 537-2632 or
(312) 341-0022
TTY: (800) 610-2779
Fax: (312) 800-0912

The information you provide on this form is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) ([PL 104-191] at 45 CFR 160 and 164). Your personally identifiable health information will only be used and/or released in accordance with HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

I have explained these rights to the individual (or the guardian of the individual, if applicable) and have provided him or her a copy of it. A copy of this form has been filed in the individual's clinical record.

Staff signature

Signature of Individual Receiving Services

Check here if individual refuses to sign

Staff Name and Title

Witness' Name (required only if individual refuses to sign)

Date and Time

Witness' Signature (required only if individual refuses to sign)



State of Illinois
 Department of Human Services
**RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH
 AND DEVELOPMENTAL DISABILITY SERVICES**

Individual's Name: _____ Identification Number: _____ Date: _____

Following are some of your rights. You have other rights that concern procedures of admission and discharge. These rights do not appear on these pages. However, you DO have a copy of these procedural rights. If you have admitted yourself voluntarily, look on the back of your IL462-2202 or IL462-2001D application. If you are here involuntarily, look on the back of the Petition for Involuntary/Judicial Admission (IL462-2005), and also look at both sides of any court orders you have received or may receive. You have been provided a Notice of Privacy as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) which describes your rights related to privacy of your protected health information.

RETENTION OF RIGHTS As a general rule, you lose none of your rights, benefits, or privileges simply because you are an individual receiving mental health or developmental disability services. For example, you do not lose your right right to vote or attend religious services. However, you should know that individuals admitted to mental health facilities will be disqualified from receiving firearm owners' identification cards, or may lose any such cards possessed prior to admission.

HUMANE CARE SERVICES You are entitled to adequate and humane care and services in the least restrictive environment and to an individual services plan.

**COMMUNICATION
 MAIL/TELEPHONE CALLS/
 VISITS** You have a right to communicate with other people in private, without obstruction, or censorship by the staff at the facility. This right includes mail, telephone calls, and visits. There are limits to these rights. Communication by these means may be reasonably restricted by the director of the facility, but only to protect you or others from harm, harassment, or intimidation. ALL letters addressed to or from the Governor, members of the General Assembly, Attorney General, judges, State's attorneys, Guardianship and Advocacy or the Agency designated to protect and advocate rights of the developmentally disabled, officers of the Department, or licensed attorneys must be forwarded without examination. No facility shall prevent any attorney representing you or who has been requested to represent you by any relative or family member from visiting you during normal business hours. You may refuse to meet with the attorney.

PROPERTY You are entitled to receive, possess, and use personal property unless it is determined that certain items are harmful to you or others. When you are discharged, all lawful property must be returned to you.

MONEY You may use your money as you choose, unless you are under age 18 or prohibited from doing so under a court guardianship order.

BANKING You may deposit your money at a bank or place it for safekeeping with the facility. If the facility deposits your money, any interest earned will be yours. Neither this facility nor any of its employees may act as payee to receive any payment or assistance directed to you, including Social Security and pension, annuity, or trust fund payments without your informed consent.

LABOR You must be paid for work you are asked to perform which benefits the facility.
 NOTE: You may be required to do personal housekeeping chores without being paid.



**RIGHTS OF INDIVIDUALS RECEIVING MENTAL HEALTH
AND DEVELOPMENTAL DISABILITY SERVICES**

REFUSING SERVICES

If you are over 18 and do not have a guardian, you have the right to refuse services, including medication or electro-convulsive therapy (ECT). If you are over 18 and have a guardian, your guardian can refuse services on your behalf. If you do not want to take medication or ECT and your guardian disagrees, you may have a hearing before a judge, who will decide if you have to take the medication or ETC. If you or your guardian refuse services, you will not be given such services except when necessary to prevent you from causing serious harm to yourself or others or if a judge orders it. If you are under 18, you do not have a right to refuse services.

RESTRAINTS

Restraints may be used only to protect you from physically harming yourself or others, or as part of a medical or surgical procedure, and only under supervision of a properly qualified professional.

**EMERGENCY MEDICATION
ELECTRO CONVULSIVE
THERAPY RESTRAINT**

The facility must advise you, your guardian or substitute decision-maker, if any, of the following circumstances under which the law permits the use of emergency medication/ ECT and/or restraint. At the same time, you or your guardian or substitute decision-maker may tell the facility which form of intervention you would prefer if any, if the circumstances should arise. Your preference will be noted in the record and the facility must give consideration to your preference.

UNUSUAL SERVICES

Any unusual, hazardous, or experimental services require your written and informed consent.

**MEDICAL/DENTAL
SERVICES**

Except in emergencies, no medical or dental services will be provided to you without informed consent.

**RESTRICTIONS OF RIGHTS
PERSONS NOTIFIED**

If your rights are restricted, the facility must notify:

- your parent or guardian, if you are under age 18;
- you and the person of your choice;
- the Guardianship and Advocacy Commission if you say you want the Commission to be contacted.

If communications were restricted with a specific person, you may have that person notified if you so desire.



State of Illinois
 Department of Human Services
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 Staff Name and Title

 Witness' Name (required only if individual refuses to sign)

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