

PETITION FOR REVIEW OF VOLUNTARY ADMISSION OF A MINOR

State of Illinois

CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY

IN THE MATTER OF _____)
)
)

Asserted to be a minor in need of hospitalization

1. I hereby assert that _____ is a minor who was admitted
(print name)

to _____
(facility)

on _____ 1. I hereby assert _____
(month/day/year) (name)

An objection was made to the admission on _____
(month/day/year)

A request for discharge was submitted to the facility director on _____
(month/day/year)

2. I further assert that _____ is in need of continued
(print name)

hospitalization, having a mental illness or emotional disturbance of such severity that hospitalization is necessary and that he/she is likely to benefit from inpatient treatment. I base this ASSERTION on the following facts:

3. The following were witnesses to the above facts:

(name) (address) (city) (telephone)

(name) (address) (city) (telephone)

(name) (address) (city) (telephone)

4. The parent, guardian, or person in loco parentis of the minor is _____ who resides at
(name)

(address) (city) (state)

5. Two certificates are attached.

6. I have read this petition, understand it and all information contained in it is true to the best of my knowledge.

Signature: _____ Printed Name: _____

Facility: _____ Date: _____

I certify that I gave the respondent a copy of this form in English Spanish Other

(specify): _____

on _____

Date

Signature: _____ Title: _____