

# PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

This is for the  
county of the  
admitting hospital

STATE OF ILLINOIS

CIRCUIT COURT FOR THE \_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_ COUNTY

IN THE MATTER OF

Docket No. Court use only

Patient Name

(name of respondent)

Who is asserted to be a person subject to Involuntary In-patient admission to a facility and for whom  
(judicial/involuntary) Do not circle

this petition is being initiated by reason of: (Select one or more, if applicable)

- ☒ Emergency inpatient admission by certificate; (405 ILCS 5/3-600). The Respondent is currently detained in a mental health facility or hospital; name of facility where detained: Only filled out if patient is in hospital.
- ☐ Inpatient admission by court order; (405 ILCS 5/3-700).
- ☐ Voluntary admittee submitted written notice of desire to be discharged and two Certificates are attached to/submitted with this petition; (405 ILCS 5/3-403).
- ☐ Voluntary admittee failed to reaffirm a desire to continue treatment and two Certificates are attached to/submitted with this petition; (405 ILCS 5/3-404).
- ☐ Person continues to be subject to involuntary admission on an inpatient basis; (405 ILCS 5/3-813).
- ☐ Emergency admission of the developmentally disabled; (405 ILCS 5/4-400).
- ☐ Judicial admission of the developmentally disabled; (405 ILCS 5/4-500).
- ☐ Developmentally disabled person or an interested person on behalf of a person submitted written objection to admission; (405 ILCS 5/4-306).
- ☐ Administrative person; (or person who executed application) failed to authorize continued residence; (405 ILCS 5/4-310).
- ☐ Person continues to meet standard for judicial admission; (405 ILCS 5/4-611).

These prongs are not used for  
an emergency petition

A person does not have to be actively suicidal to be petitioned. Any criteria listed in the first three prongs (next page) apply.

If there is a valid criteria seen by other witnesses and you cannot petition, offer to give said witness a blank petition.



I assert that Patient Name is: (check all that apply)

- ☐ a person with mental illness who: because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;
- ☐ a person with mental illness 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 harm without the assistance of family or others, unless treated on an inpatient basis;
- ☐ a person with mental illness who: refuses treatment or is not adhering adequately to prescribed treatment; because of the nature of his or her illness is unable to understand his or her need for treatment; and if not treated on an inpatient basis, is reasonably expected based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either paragraph one or paragraph two above.
- Use only if criteria for 1 and 2 are not met and have strong historical evidence**
- ☐ an individual who: is developmentally disabled and unless treated on an in-patient basis is reasonably expected to inflict serious physical harm upon himself or herself or others in the near future, and/or
- Do not select this prong**
- ☒ in need of immediate hospitalization for the prevention of such harm.

I base the foregoing assertion on the following (State in detail the signs and symptoms of mental illness displayed by the Respondent. Include prior diagnosis, treatment and hospitalizations. Describe any threats, behavior or pattern of behavior which support your complaint. Include personal observations that lead to your belief the Respondent is subject to involuntary admission): If additional space needed please attach a separate page or pages.

**Similar to your Narrative. Who, Where, When and What happened. Use quotes if possible. Must show clear need of hospitalization.**

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

**Your Name, agency address, agency phone #  
Any other witness, address and Ph#  
i.e. John Doe's mother (who heard what he said) address and phone.**

**Multiple witnesses add credibility**

Listed below are the names and addresses of the spouse, parent, guardian, or substitute decision maker, if any, and close relative or, if none, a friend of the respondent whom I have reason to believe may know or have any of the other names and addresses. If names and addresses are not listed below, I made a diligent inquiry to identify and locate these individuals and the following describes the specific steps taken by me in making this inquiry (additional pages may be attached as necessary):

**If no relative, list friend or neighbor. If unable to obtain any names, explain why: (He refuses to give any info, no prior contact, no one home at this address)**

**Don't leave blank**

- ☐ I do ☒ I do not have a legal interest in this matter.
- ☐ I do ☒ I do not have a financial interest in this matter.
- ☐ I am ☒ I am not involved in litigation with the respondent.
- ☐ Although I have indicated that I have a legal or financial interest in this matter or that I am involved in litigation with the respondent, I believe it would not be practicable or possible for someone else to be the petitioner for the following reasons:

**If you cannot indicate "I do/am not" state why you are the only one who complete petition. I.e. "Above information was witnessed only by me and was provided to prevent harm.**



No certificate was attached with this petition because no physician, qualified examiner or clinical psychologist was immediately available or it was impossible after diligent effort to obtain a certificate. However: I believe, as a result of my personal observation, that the respondent is subject to Involuntary inpatient admission. A diligent effort was made to obtain a certificate; but no physician, qualified examiner or clinical psychologist could be found who has examined or could examine the respondent; and a diligent effort has been made to convince the respondent to appear voluntarily for examination by a physician, qualified examiner or clinical psychologist, or I reasonably believe that effort would impose a risk of harm to the respondent or others.

☐ One Certificate of Examination is attached.

This is only checked if there is a prepared certificate

☐ Two Certificates of Examination are attached.

Did a peace officer detain respondent, take him/her into custody, and/or transport him/her to the mental health facility?

☐ No ☐ Yes; If yes, the peace officer MAY complete the petition or if the petition IS NOT COMPLETED by the peace officer transporting the person, the following information MUST be entered:

Transporting Officer's Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

Employer: \_\_\_\_\_

The petitioner can request to be notified if the facility director approves the recipients's request for voluntary or informal admission prior to adjudication. The petitioner may also request to be notified of the recipient's discharge under section 3-902 (d) of the Mental Health and Developmental Disabilities Code. Failure to indicate a choice will be treated as a decision NOT to be notified.

☐ if the individual requests and is approved for voluntary or informal admission prior to adjudication, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2203 for notification purposes).

☐ if the individual is committed or discharged by court, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2208M for notification purposes).

☒ I do not wish to be notified in either of the two situations described above.

Check this box

The petitioner has made a good faith attempt to determine whether the recipient has executed a power of attorney for health care under the Powers of Attorney for Health Care Law or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act and to obtain copies of these instruments if they exist.

I have read and understood this petition and affirm that the statements made by me are true to the best of my knowledge. I further understand that knowingly making a false statement on this Petition is a Class A Misdemeanor.

If this is not signed, dated and timed. it is invalid

Date: Date

Signed: Your signature

Time: This starts the 24hr clock

Printed Name: Print your name

Address: Work Address

Relationship to Respondent:

Do not write "none"

Telephone Number: Work phone number

Paramedic  
Friend  
Family  
Police officer

NOTE: a signed petition is a legal document. Subject must be seen by a mental health professional for further assessment



Within 12 hours of admission to the facility under this status I gave the respondent a copy of this Petition (IL462-2005). 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 Receiving Mental Health and Developmental Services (IL462-2001) and explained those rights to him or her (405 ILCS 5/3-609).

Date/Time of Admission \_\_\_\_\_

Signed: \_\_\_\_\_

To Mental Health Facility/Psychiatric Unit

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

### 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 (developmentally disabled) 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 (developmentally disabled) 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.
11. Information about the health care services you receive at a mental health or developmental disabilities facility is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.O. 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 Development Disabilities Confidentiality Act [740 ILCS 110].

A Guardianship and Advocacy Commission is a state agency consisting of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at the following addresses:

**East Central Regional Office**

2125 S. First Street  
Champaign, IL 61820  
Phone: (217) 278-5577  
Fax: (217) 278-5588

**Peoria Regional Office**

401 N. Main Street, Suite 620  
Peoria, IL 61602  
Phone: (309) 671-3030  
Fax: (309) 671-3060

**Rockford Regional Office**

4302 N. Main Street, Suite 108  
Rockford, IL 61103  
Phone: (815) 987-7657  
Fax: (815) 987-7227

**Egyptian Regional Office**

47 Cottage Drive  
Anna, Illinois 62906-1669  
Phone: (618) 833-4897  
Fax: (618) 833-5219

**West Suburban Regional Office**

Madden Mental Health Center  
1200 S. First Avenue, P.O. Box 7009  
Hines, IL 60141  
Phone: (708) 338-7500  
Fax: (708) 338-7505

**Metro East Regional Office**

Holly Bldg., 4500 College  
Suite 100  
Alton, IL 62002  
Phone: (618) 474-5503  
Fax: (618) 474-5517

**North Suburban Regional Office**

9511 Harrison Avenue  
Des Plaines, Illinois 60016  
Phone: (847) 294-4264  
Fax: (847) 294-4263

**Chicago Regional Office**

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

**Springfield Regional Office**

521 Stratton Building  
401 S. Spring Street  
Springfield, IL 62706  
Phone: (217) 785-1540  
Fax: (217) 524-0088

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 offices are located at:

**Main/Chicago Office**

20 N. Michigan, Ste 300  
Chicago, Illinois 60602  
(800) 537-2632 or  
(312) 341-0022  
TTY: (800) 610-2779  
Fax: (312) 341-0295

**Central Illinois**

1 West Old Capitol Plaza, Suite 816  
Springfield, IL 62701 O Box 276  
(217) 544-0464  
(800) 758-0464  
TTY: (800) 610-2779  
Fax: (217) 523-0720

**Northwestern Illinois**

1515 Fifth Avenue, Suite 420  
Moline, IL 61265  
(309) 786-6868  
(800) 758-6869  
TTY: (800) 610-2779  
Fax: (309) 797-8710

**Southern Illinois**

300 E. Main Street, Suite 18  
Carbondale, IL 62901  
(618) 457-7930  
(800) 758-0559  
TTY: (800) 610-2779  
Fax: (618) 457-7985

Website: [www.equipforequality.org](http://www.equipforequality.org)

I certify that I provided respondent with a copy of this form.

☐ English

☐ Spanish

☐ Other

Specify language: \_\_\_\_\_ on \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_