

**IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY,  
PENNSYLVANIA**

**Involuntary Commitment of** \_\_\_\_\_ :  
\_\_\_\_\_ : **NO. JM-\_\_\_\_-20\_\_\_\_**  
**A Minor** \_\_\_\_\_ :  
\_\_\_\_\_ : **ACT 53**  
**By his/her parent(s)/guardian(s)** \_\_\_\_\_ :  
\_\_\_\_\_ :

**Petition for Involuntary Drug and/or Alcohol Treatment Services**

1. Petitioner is \_\_\_\_\_ (name), and is the (circle one) mother/father/legal guardian of the minor child (child's name) \_\_\_\_\_.
2. Petitioner currently resides at \_\_\_\_\_.
3. The Minor, \_\_\_\_\_ (child's name), currently resides at \_\_\_\_\_.
4. The Minor's phone number is \_\_\_\_\_.
5. The Minor is \_\_\_\_ years of age. His/her birthdate is \_\_\_\_\_.
6. Is the Minor currently involved with Juvenile Probation? Yes \_\_\_\_ No \_\_\_\_
7. Previous efforts at treatment have included:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The Minor is a drug and/or alcohol dependent person and is incapable or unwilling to accept voluntary treatment services.

9. Involuntary commitment for treatment is necessary because:

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10. The Minor is/is not (circle one) covered by insurance.

Name of insurance provider: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Policy number: \_\_\_\_\_

WHEREFORE, Petitioner respectfully requests this Court to order involuntary drug and/or alcohol treatment services for the aforementioned Minor.

\_\_\_\_\_  
Petitioner's signature

**VERIFICATION**

I, \_\_\_\_\_, state that I am the Petitioner in the within matter and verify that the statements made in the foregoing Petition for Involuntary Commitment of a Minor are true and correct. I further understand that false statements herein are made subject to the penalties of 18 Pa. Cons. Stat. §4904, relating to unsworn falsification to authorities which provides that if I knowingly make false averments, I may be subject to criminal penalties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner





