

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

Involuntary Commitment of _____, A Minor	:	
	:	NO. JM-____-20____
	:	
	:	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:

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 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

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By his/her parent(s)/guardian(s) _____	:	
	:	

ORDER

AND NOW, this ____ day of _____, 20____, it is hereby ORDERED as follows:

1. A hearing on the Petition for Involuntary Commitment is scheduled for the ____ day of _____, 20____, at ____ o'clock ____ .m in Courtroom No. ____ of the Lycoming County Courthouse.
2. Don Martino, Esquire, is hereby appointed as counsel for the Minor in this action. The Minor shall contact Attorney Martino at (570) 567-7055, upon receipt of this Order.
3. Matthew Welickovitch, Esquire, of the Public Defender's Office, is hereby appointed as counsel for the Petitioner(s) in this action. The Petitioner(s) shall contact the Public Defender's Office at (570) 327-2367, upon receipt of this Order.

By the Court,

Judge

c. Attorney
 Attorney
 Petitioner
 Minor

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

Involuntary Commitment of _____, A Minor By his/her parent(s)/guardian(s) _____	: : : : : :	NO. JM-____-20____ ACT 53
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ORDER

AND NOW, this _____ day of _____, 20____, following a hearing on the Petition for Involuntary Commitment, it is hereby ORDERED as follows:

1. The Court finds clear and convincing evidence that the Minor is a drug and/or alcohol dependent person and the Minor is incapable of accepting or unwilling to accept voluntary treatment services.

2. The Court further finds that the Minor will benefit from involuntary treatment services.

3. The Minor is hereby committed to involuntary treatment services as follows: _____. The treatment services shall be for a period of up to 45 days, unless sooner discharged as recommended by the facility.

4. A review hearing on this matter shall take place on the _____ day of _____, 20____, at _____ o'clock _____ .m in Courtroom No. ____ of the Lycoming County Courthouse, to determine whether further treatment is necessary.

By the Court,

Judge

c. Attorney
 Attorney
 Petitioner
 Minor

