

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY  
JUVENILE COURT DIVISION

IN RE:

INVOLUNTARY COMMITMENT OF A MINOR,

\_\_\_\_\_  
(name of minor)

By his/her parent(s)/ legal guardian,

\_\_\_\_\_  
(name of parent)

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No. \_\_\_\_\_

Filing Party's Information: (Your Name)

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

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INVOLUNTARY COMMITMENT OF A MINOR,

\_\_\_\_\_

By his/her parent(s)/guardian,

\_\_\_\_\_

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No. \_\_\_\_\_

**PETITION FOR INVOLUNTARY COMMITMENT OF A MINOR**

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 (give full address):

\_\_\_\_\_, Pennsylvania.

3. Petitioner's phone number is \_\_\_\_\_

4 (a). The Minor, \_\_\_\_\_, currently resides at (give full address):

\_\_\_\_\_, Pennsylvania.

4 (b). The Minor, \_\_\_\_\_, may also be found at (give full address):

\_\_\_\_\_, Pennsylvania.

5. The Minor's phone number is \_\_\_\_\_

6. The Minor is \_\_\_\_\_ years of age. His/her birthdate is \_\_\_\_\_. A copy of a recent photograph of the Minor is attached hereto at Exhibit "A"

7. Is the Minor currently involved with Juvenile Probation? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is CYS involved with this Minor? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Previous efforts at treatment have included:

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10. The Minor is a drug and/or alcohol dependent person and is incapable or unwilling to accept voluntary treatment services.

11. Involuntary commitment for treatment is necessary because:

(Tell exactly why involuntary commitment is necessary)

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(You may attach a second sheet if necessary. Do not write on the back of any pages)

12. 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 commitment for the aforementioned Minor.

\_\_\_\_\_  
Petitioner's Signature

*ATTACH PHOTO*

Gender:

Race:

Height:

Weight:

Hair color:

Eye color:

Distinguishing marks, scars tattoos:

EXHIBIT "A"

**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.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
date

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By his/her parent(s)/guardian,

\_\_\_\_\_

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No. \_\_\_\_\_

**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. \_\_\_\_\_, Bucks County Justice Center, Doylestown, Pennsylvania.

2. \_\_\_\_\_ is hereby appointed as counsel for the minor in this action.

BY THE COURT

\_\_\_\_\_  
J.

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY  
JUVENILE COURT

IN RE: \_\_\_\_\_ :

INVOLUNTARY COMMITMENT OF A MINOR, :

\_\_\_\_\_  
By his/her parent(s)/guardian,  
\_\_\_\_\_ :

No. \_\_\_\_\_

**ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Bucks County Sheriff is ORDERED to serve the minor identified above with the attached Notice of Hearing and Petition for Involuntary Commitment of a Minor in the above-captioned matter forthwith.

BY THE COURT

\_\_\_\_\_  
J.



IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY  
JUVENILE DIVISION

IN RE:

INVOLUNTARY COMMITMENT OF A MINOR,

\_\_\_\_\_

By his/her parent(s)/guardian,

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No. \_\_\_\_\_

**ORDER**

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

1. The court finds clear and convincing evidence that:
  - a. the minor is a drug dependent person; and
  - b. the minor is incapable of accepting or unwilling to accept voluntary treatment services.
2. The court further finds that minor will benefit from involuntary treatment services.
3. The minor is hereby committed to involuntary treatment services at the following facility:

\_\_\_\_\_

for a period up to 45 days, unless sooner discharged as recommended by the facility.

The court will review this matter on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_m in Courtroom No. \_\_\_\_\_, Bucks County Courthouse, Doylestown, Pennsylvania, to determine whether further treatment is necessary.

BY THE COURT

\_\_\_\_\_  
J.