

COMMONWEALTH OF PENNSYLVANIA

NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Uniform Firearm Act, 18 P.A.C.S.6105(c)(1) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, or 304 of the Mental Health Procedures Act of July 9, 1979 (P.L.817, No. 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 P.A.C.S.A 5501. Pursuant to the Pennsylvania Mental Health Procedures Act, Section 109, notification shall be transmitted to the Pennsylvania State Police by the Judge, mental health review officer or county mental health and mental retardation administrator within SEVEN days of the adjudication, commitment or treatment by first class mail to the Pennsylvania State Police, Attention: PICS Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. NOTE: The envelope shall be marked "CONFIDENTIAL."

Place an "X" on either involuntary Commitment and indicate 302, 303, 304, or Adjudicated Incompetent

PRINT CLEARLY OR TYPE 302 303 304 OTHER:
INVOLUNTARY COMMITMENT [] [] [] [] ADJUDICATED INCOMPETENT []

DATE OF COMMITMENT OR ADJUDICATION INCOMPETENT

COUNTY OF COMMITMENT

INDIVIDUAL INFORMATION - INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT

LAST NAME FIRST NAME MIDDLE

JR. ETC. MAIDEN NAME ALIAS

DATE OF BIRTH SOCIAL SECURITY NUMBER

SEX RACE HEIGHT HAIR EYES

ADDRESS

302 Commitment Requires Physician's Certification

Physician Certifying Necessity of Involuntary Commitment
(Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act) Please Print Name and Provide Signature

Hospital/Facility Providing Treatment/Address

NOTIFICATION BY (Please print name, address, area code, and phone number of agency or county court.)

MH/MR Administrator/Review Officer Phone 215-348-6271

Address Orphans' Court, 55 East Court Street, Doylestown, PA 18901

Judge Docket Number Date of Court Order

SIGNATURE OF NOTIFYING OFFICIAL DATE

NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Uniform Firearms Act, Section 0111.0(g)(3). Notice shall be transmitted by physician to the Pennsylvania State Police through the county mental health and mental retardation administrator or mental health review officer.

Name of Physician (Please Print)

Signature of Physician Date