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

IN RE:	
INVOLUNTARY COMMITMENT OF A MINOR	, :
(name of minor)	; ;
(name of minor)	: No
By his/her parent(s)/ legal guardian,	: :
	:
(name of parent)	: :
	Filing Party's Information: (Your Name)
	Name:
	Address:
	Telephone #:

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

IN RE:	
INVOLUNTARY COMMITMENT OF A	MINOR, :
By his/her parent(s)/guardian,	: No
	:
PETITION FOR INVOLUN	NTARY COMMITMENT OF A MINOR
1. Petitioner is	(name), and is the (circle one) mother /
father / legal guardian of the minor child (o	child's name)
2. Petitioner currently resides at (gi	ive 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 a	attached hereto at Exhibit "A"
7. Is the Minor currently involved wit	ch Juvenile Probation? Yes No
8. Is CYS involved with this Minor?	Yes No
9. Previous efforts at treatment have i	ncluded:
10. The Minor is a drug and/or alcohol	ol dependent person and is incapable or unwilling to

11. Involuntary commitment for treatment is necessary because:

accept voluntary treatment services.

(Tell exactly why involuntary commitment is necessary)
(You may attach a second sheet if necessary. Do <u>not</u> 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

ATTA	СН РНОТО
Gender:	Race:
Height:	Weight:
Hair color:	Eye color:
Distinguishing marks, scars tattoos:	

### **VERIFICATION**

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

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

IN RE:	
INVOLUNTARY COMMITMENT OF A MINO	R, :
By his/her parent(s)/guardian,	. No
<u>ORD</u>	
AND NOW, this day of _	
ORDERED as follows:	
1. A hearing on the Petition for Invol	luntary Commitment is scheduled for the
day of, 20, at	o'clockm in Courtroom No,
Bucks County Justice Center, Doylestown, Penns	ylvania.
2	is hereby appointed as counsel for the
minor in this action.	
3 sl	hall conduct a Drug and Alcohol assessment in
accordance with 71 P.S. §1690.112a(b)(2) and sha	all testify at the hearing in this matter.
	BY THE COURT

## 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
	, 20, the Bucks County Sheriff fied above with the attached Notice of Hearing and
Petition for Involuntary Commitment of a l	Minor in the above-captioned matter forthwith.
	BY THE COURT

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

IN RE:	
INVOLUNTARY COMMITMENT OF A MIN	NOR, :
By his/her parent(s)/guardian,	: No
<u>O R</u>	RDER
The court finds clear and convincing ev     a. the minor is a drug dependent per     b. the minor is incapable of accesservices.	vidence that:
for a period up to 45 days, unless soon The court will review this matter on the at o'clockm in Court will review the co	oner discharged as recommended by the facility.  day of, 20,  artroom No, Bucks County Courthouse,  e whether further treatment is necessary.
	BY THE COURT  J.