

First Judicial District of Pennsylvania
 Court of Common Pleas • Philadelphia County
Mental Health Procedures Act Cover Sheet

In Re:

LAST NAME	FIRST NAME	
ALIAS		
SS #	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
HOME ADDRESS		

<i>Docket Number</i>
FOR OFFICIAL USE ONLY
PRIOR CASE I.D. NO.

PETITIONER
FACILITY
ADDRESS
TYPE OF FILING <input type="checkbox"/> 303 <input type="checkbox"/> 306 <input type="checkbox"/> 304(b) <input type="checkbox"/> 406 <input type="checkbox"/> 304(c) <input type="checkbox"/> Petition for Review <input type="checkbox"/> 305 <input type="checkbox"/>

Current Commitment Under Section _____ Expires on _____ at _____ _____ AM/PM. <i>Requested Hearing Date:</i> _____ <i>Time:</i> _____ <i>Location:</i> _____

Order

AND NOW, this _____ day of _____, 20____, upon consideration of the attached Application or Petition, an Informal Conference or Hearing shall be held by a Mental Health Review Officer or Judge pursuant to Phila. R. Civ. P. No. 7109 on the _____ day of _____, 20____ at _____ AM/PM at the following location:

- | | |
|---|--|
| <input type="checkbox"/> Albert Einstein Medical Center | <input type="checkbox"/> Norristown State Hospital |
| <input type="checkbox"/> Girard Medical Center | <input type="checkbox"/> Philadelphia Detention Center |
| <input type="checkbox"/> Friends Hospital | <input type="checkbox"/> _____ |

The Defender Association of Philadelphia is appointed to represent the patient-respondent.

FOR THE COURT:

Idee C. Fox
President Judge

By: _____
Pro Prothy

COUNSEL

NAME OF PETITIONER'S ATTORNEY City Solicitor of Philadelphia	
ADDRESS One Parkway Center 1515 Arch Street, 16th Floor Philadelphia, PA 19102	
PHONE 215-683-5100	SUPREME COURT I.D. NO.

NAME OF PERSON/PATIENT/RESPONDENT'S ATTORNEY Defender Association of Philadelphia	
ADDRESS 1441 Sansom Street Philadelphia, PA 19102-3004	
PHONE 215-765-6500	SUPREME COURT I.D. NO.

INSTRUCTIONS

- 1) As required by Philadelphia Civil Rule No. 7109.1, Applications and Petitions must be electronically filed with the Office of Judicial Records through the Court's website, <http://www.courts.phila.gov> (On-Line Services Tab, "**Civil Mental Health**" link).
- 2) **The Petitioner must attach a copy of the 302 Application when filing a 303 Application. Failure to attach the 302 Application may result in dismissal of the 303 Petition.**
- 3) After the Application or Petition is reviewed and accepted for filing by the Office of Judicial Records, the conference or hearing will be scheduled as requested by the Petitioner. The Petitioner, the Petitioning Facility, the Defender Association and the City Solicitor will be notified, via email, that the legal paper was filed and that a conference or hearing was scheduled through the Civil Mental Health Electronic Filing System. The Petition, 302 and completed Cover Sheet is available online. *See Philadelphia Civil Rule No. 7109.1 (4).*
- 4) The 303 Application **must** be filed by 11:00 AM **the day before the requested hearing date.** A copy of any Application filed after that Date/Time **must be emailed by the Petitioner** (together with the 302 Application) to the City Solicitor's Office, the Defender Association, and, for cases heard at Friends, to court-appointed counsel.
- 5) The conference or hearing will be scheduled as follows:
 - a. within 24 hours after the filing of an Application pursuant to Section 303 of the Act; provided, however, that Applications filed after court-hours on Fridays will be scheduled for the next business day;
 - b. within five (5) days after the filing of a Petition pursuant to Sections 304 and 305 of the Act;
 - c. within three (3) days after a Petition for Review is filed, consistent with the hearing judge's schedule; and
 - d. as requested by the Petitioner in Intellectual Disability cases, pursuant to (Section 406) of the MHMRA of 1966.
- 6) Any orders issued by the MHRO are available through the Mental Health site.
- 7) Petitions for Review must be filed by counsel through the Mental Health site, and a hearing date will be scheduled, within three days, as soon the hearing has been transcribed.

Location of Mental Health Hearing Sites

Albert Einstein Medical Center
5583 Park Avenue
Philadelphia, PA 19141
Phone (215) 456-7095
Fax: (215) 456-6453

Norristown State Hospital
1001 Stergiere, Bldg. 10 & 52
Norristown, Pa 19406
Phone: (610) 313-5357
Fax: (610) 313-5666

Philadelphia Detention Center
8201 State Road
Philadelphia, PA 19136
Phone: (215) 685-8580

Girard Medical Center
8th Street and Girard Avenue
Philadelphia, PA 19122
Phone: (215) 787-6998
Fax: (215) 787-6986

Friends Hospital
4641 Roosevelt Boulevard
Philadelphia, PA 19124
Phone: (215) 831-4703
Fax: (215) 831-3565

Petitions for Review
Heard at City Hall
Room Number To Be Assigned
Philadelphia, PA 19107

Please Note: The Information Contained Herein May Change Without Notice (5-01-18)

Notice of Language Rights



Language Access Coordinator
Land Title Building, 100 South Broad Street, Second Floor, Philadelphia, PA 19110
215-683-8000; languageaccesscoordinator@courts.phila.gov

English: You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

Spanish/Español: Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文: 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

Mandarin/Cantonese Traditional Chinese/普通话/廣東話繁體中文: 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

Arabic/العربية: يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

Russian/Русский: У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

Vietnamese/Tiếng Việt: Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

Nepali/नेपाली: तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

Korean/한국어: 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

Polish/Polski: Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

Pakistan/پنجابی/Punjabi: تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

Punjabi/ਪੰਜਾਬੀ/India: ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

Haitian Creole/Kreyòl Ayisyen: Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsonèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

French/Français: Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.