COMMONWEALTH OF PENNSYLVANIA NOTIFICATION OF MENTAL HEALTH COMMITMENT

In accordance with 18 Pa.C.S. 6111.1(f)(any individual who has been adjudicated under the act of July 9, 1976 (P.L. 817, I section 6105(c)(4) (relating to persons n (relating to unlawful acts) and its impleme the adjudication, commitment, or treatmer The Pennsylvania Uniform Firearms Act, has been involuntarily committed to a mer Act of July 9, 1976 (P.L. 817, No. 143) t pursuant to 20 Pa.C.S.A. 5501. Pursuant the judge, mental health review officer, or or treatment by first class mail to the Pen	1)(i), judges as an incom No. 143), kno ot to posses nting Federa it, at the addi 18 Pa.C.S. 6 ntal institutior o possess, u to the Penns county ment nsylvania Sin he sheriff of	of the courts appetent or as bwn as the M s, use, manu l regulations. ress below. f105(c)(4) spet n for inpatient use, manufac sylvania Ment: al health and tate Police, A the county i	of common pleas shall notify the Pennsylvania State Police (PSP) of the identity of a mental defective or who has been involuntarily committed to a mental institution lental Health Procedures Act, or who has been involuntarily treated as described in facture, control, sell or transfer firearms) or as described in 18 U.S.C. §922(g)(4) This notification shall be transmitted by the judge to the PSP within SEVEN days of ecifies that it shall be unlawful for any person adjudicated as an incompetent or who care and treatment under Section 302, 303, or 304 of the Mental Health Procedures ture, control, sell or transfer firearms. This would include adjudication of incapacity al Health Procedures Act, Section 109, notification shall be transmitted to the PSP by mental retardation administrator within SEVEN days of the adjudication, commitment Attention: PICS Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. A copy of n which this person resides in accordance with 18 Pa.C.S. § 6109(i.1)(2). The EARMS. "
Place an "X" in type of Involu	ntary Comm	itment (302,	303, 304), Adjudicated Incapacitated, etc. Please type or print clearly.
INVOLUNTARY COMMITMENT	302 30	3 304	ADJUDICATED INCAPACITATED/ INCOMPETENT
			OTHER
DATE OF COMMITMENT OR ADJUDICATED INCAPACITATED, ETC.			
COUNTY OF COMMITMENT OR	ADJUDIC	ATION	
INDIVIDUAL INFORMATION - IN	DIVIDUAL	INVOLUNT	ARILY COMMITTED OR ADJUDICATED INCAPACITATED, ETC.
LAST NAME		FIR	ST MIDDLE
JR., ETC MAIDEN NAM	E		ALIAS
DATE OF BIRTH			elp prevent misidentification)
			elp prevent misidentification) EYES
ADDRESS			
Name of Physician Certifying N	ecessity o	of Involunt	tary Commitment(Print Name)
Hospital/Facility Providing Treatment/	Address		
NOTIFICATION BY (Please print nan	ne, address	, area code,	and telephone number of agency or county court.)
MH/MR Administrator/Review Officer			Telephone
Address			
303-304 Commitments require the	∋ Judge/Re	eview Offic	er name authorizing the commitment, case number, & order date.
Name of Judge/Review Officer			(Print Name)
			Date of Court Order
SIGNATURE OF NOTIFYING OFFIC	IAL		Date
NOTIFICATION OF PHYSICIAN'S D The physician shall provide signed confirm Health Procedures Act and pursuant to th	ETERMINA nation of the ne Pennsylva	TION THAT lack of severe inia Uniform F	NO SEVERE MENTAL DISABILITY EXISTS e mental disability following the initial examination under Section 302(b) of the Mental Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by physician to the ental Retardation Administrator or Mental Health Review Officer.
Physician's Name (Print Name)			
Physician's Signature			Date
			prized under Title 18 Pa C. S. & 6111.1 and Title 50 P. S. & 7109. Disclosure of your

PRIVACY ACT NOTICE: Solicitation of this information is authorized under Title 18 Pa.C.S. §6111.1, and Title 50 P.S. § 7109. Disclosure of your social security number is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.