

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY

____ NO. ____ Term, ____

PETITION FOR COMMITMENT

1. ____ hereby petitions this Court to order the immediate

- examination
- commitment to an appropriate facility for examination, observation and diagnosis
- commitment to an appropriate facility for treatment

of _____
(Name of Person)

2. ____ is the ____ of respondent.
(Name of Petitioner) (Relation to Respondent)

3. ____ is a resident of ____.
(Name of Respondent) (Name of County)

4a. _____ has been examined by a physician
(Name of Respondent) has not

Who has found that said person is mentally retarded.

CHECK APPLICABLE PARAGRAPH

ATTACHED ARE THE CERTIFICATES OF A PHYSICIAN OR PHYSICIANS TO THE EFFECT THAT THE RESPONDENT IS MENTALLY RETARDED.

CERTIFICATES FO A PHYSICIAN OR PHYSICIANS ARE NOT ATTACHED BECAUSE:

4b. The physician who is most familiar with the Respondent is:

NAME: _____

ADDRESS: _____

5a. I believe that the Respondent is in need of residential placement for the following reasons:

5b. What symptoms of retardation which demonstrate the Respondent's inability to provide for his/her basic needs for food, shelter, and safety have been exhibited within the past thirty (30) days?

CERTIFICATE OF PHYSICIAN

Patients Name:	Date of Examination:	
Address:		
HISTORY OF ILLNESS AS GIVEN BY APPLICANT AND OTHER RELEVANT INFORMATION:		
PHYSICAL AND MENTAL FINDINGS AT THE TIME OF EXAMINATION		
CERTIFICATION		
I certify that I am licensed to practice medicine or osteopathy in Pennsylvania and that I have examined the patient with care and diligence within one week prior to the date of this certification.		
It is my professional opinion that the patient is:		
<input type="checkbox"/> Mentally Ill	<input type="checkbox"/> Mentally Retarded	<input type="checkbox"/> Not Mentally Disabled
_____ Signature of M.D. or D.O.	_____ Date	
Address of Physician: White Haven Center RR2 Box 2195 White Haven, PA 18661		
<small>5/2005</small>		

Report of Psychologist/Psychology

Individual's Name	Birth Date	Date of Examination		
Address: White Haven Center, 827 Oley Valley Road, White Haven, PA. 18661				
<u>Background Information</u>				
Maturation: (Significant lag in growth and development)				
Social Adjustment:				
<u>Test Administered</u>				
Names of Tests and Results:				
Diagnosis:				
Record the person's level of development for each of the following:				
Attribute	Severely Sub Average	Moderately Sub- Average	Mildly Sub Average	Average
1. Self-Help Skills				
2. Attentional Development				
3. Perceptual Development				
4. Psychomotor Functioning				
5. Communication Skills				
6. Concrete Cognitive Functioning				
7. Abstract Cognitive Functioning				
8. Vocational Functioning				
9. Personality Integration				

Psychologist/Psychological Services Associate
White Haven Center
827 Oley Valley Road
White Haven, PA. 18661