

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><b>Docket Number</b></i>
<b>FOR OFFICIAL USE ONLY</b>
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> _____
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**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:**  
 Sheila Woods-Skipper  
*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. Applications or Petitions must be electronically filed with the Prothonotary as required by Philadelphia Civil Rule No. 7109.1 through the FJD Website, <http://courts.phila.gov>, On-Line Services Tab, “CP Mental Health System” link.
2. The Petitioner must attach a copy of the 302 Application when filing a 303 Application.
3. The Prothonotary will schedule a conference or hearing after the legal paper is reviewed and accepted for filing. As provided by Philadelphia Civil Rule No. 7109.1 (4), the Prothonotary shall notify all parties that the legal paper was filed, and that a conference or hearing scheduled, through the Civil Mental Health Electronic Filing System.
4. A 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 on Friday after court-hours 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 Mental Retardation cases.

## Location of Mental Health Hearing Sites

### **Albert Einstein Medical Center**

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

### **Girard Medical Center**

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

### **Norristown State Hospital**

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

### **Friends Hospital**

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

*Please Note: The Information Contained Herein May Change Without Notice (July 2009)*