

**IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY,
PENNSYLVANIA
CIVIL DIVISION – ACT 53**

IN RE: _____)
_____)
_____)

PETITION for INVOLUNTARY DRUG and/or ALCOHOL TREATMENT SERVICES

Child: _____
Name of Minor Child Date of Birth

Petitioner: _____
Relationship to Child

Child's Address/Phone: _____

Petitioner's Address/Phone: _____

To the Honorable Judges of said Court:

The above named petitioner, Respectfully represent(s) that said child is alleged to be A DRUG AND OR ALCOHOL DEPENDENT PERSON AND IS INCAPABLE OF ACCEPTING OR UNWILLING TO ACCEPT VOLUNTARY TREATMENT SERVICES and is in need of treatment. It is within the jurisdiction of the Court and in the best interest of the said child that this proceeding be brought before the Court, pursuant to Act 53 of 1997.

The petitioner believes this allegation to be true for the following reasons:

Statement of Sufficient Facts and Good Reason for the Commitment (Involuntary Services)
Use second sheet if necessary

1. The parent or legal guardian understands that he or she shall be obligated for all expenses in connection with this matter including court costs, counsel fees for the minor and the costs of assessment and treatment services unless the Court finds that the parent or legal guardian is without financial resources.

Accordingly, petitioner avers one of the following (**Check A, B, or C**):

- A.** Petitioner has health insurance coverage to provide drug and alcohol assessment and treatment services, for the above named minor child, through the following insurer and/or health maintenance organization: (Include the complete name of the insurer or organization as well as the name of the drug and alcohol provider, group number, and ID number).

- B.** Petitioner avers that minor child is covered by Medical Assistance through the Pennsylvania Department of Welfare and child's Medical Assistance number is:

Petitioner has attached to this petition an Affidavit in Support of Leave to Proceed in Forma Pauperis as set forth in Pa. R.C.P. 240, and requests that court costs and counsel fees in connection with this petition be waived.

- C.** Petitioner avers that there is no private or medical assistance health insurance coverage available to pay the costs of drug and/or alcohol assessment and treatment services for the minor child and that petitioner is without financial resources. Petitioner has attached to this petition an Affidavit in Support of Leave to Proceed in Forma Pauperis as set forth in Pa. R.C.P. 240, and requests that court costs and any court appointed counsel fees in connection with this petition be waived.

Wherefore, Petitioner, respectfully requests that the Court direct the following:

- (A) Appoint counsel for the minor child.
- (B) Order the minor who is alleged to be a drug and/or alcohol dependent person to undergo a drug and/or alcohol assessment performed by a psychiatrist, a licensed psychologist with specific training in drug and alcohol assessment or a certified addictions counselor. Such assessment shall include a recommended level of care and length of treatment.
- (C) If Petitioner is without financial resources, order that Petitioner is entitled to proceed in Forma Pauperis.

VERIFICATION

I verify that the statements made in this petition are true and correct. I understand that false statements herein made are subject to the penalties of 18 Pa. C.S., 4904 relating to unsworn falsification to authorities.

Respectfully submitted:

Date: _____

Petitioner

Attorney for Petitioner

ATTEST:

Prothonotary

**IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PA
CIVIL DIVISION – ACT 53**

IN RE:

)
)

ORDER

AND NOW, THIS _____ day of _____, 20____ IT IS HEREBY ORDERED that the ACT 53 PETITION in the above-referenced action is

_____ Granted. The Court Administrator is HEREBY ORDERED to appoint counsel for the child named in the foregoing petition, and to arrange for an immediate evaluation of the child, to be performed by (check one):

_____ (to be completed in the event a private psychologist or psychiatrist is selected to perform the evaluation)

OR

Westmoreland Drug and Alcohol Commission’s subcontracted Drug and Alcohol Case Management Unit, through Southwestern PA Human Services (SPHS) Behavioral Health Drug and Alcohol Case Management Unit

for an immediate evaluation of the child.

IT IS FURTHER ORDERED THAT a hearing on this matter is scheduled at _____ a.m./p.m. on _____, 20____ in Courtroom _____.

_____ Denied.

Furthermore, the Petitioner’s Petition to Proceed in forma pauperis is

_____ Granted. The Prothonotary is hereby ORDERED to accept the Petition without the payment of a fee. Any court appointed counsel fees shall be paid by the County of Westmoreland.

_____ Denied.

BY THE COURT:

_____ J.

ATTEST:

Christine O'Brien, Prothonotary