



I base the foregoing assertion on the following (provide a detailed statement including a description of the signs and symptoms of a mental illness and of any acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence). **ADDITIONAL PAGE(s) ATTACHED AS NECESSARY::**

Below is a list of all witnesses by whom the facts asserted may be proven (include addresses and phone numbers):

Listed below are the names and addresses of the spouse, parent, guardian, or substitute decision maker, if any, and close relative or, if none, a friend of the respondent whom I have reason to believe may know or have any of the other names and addresses. If names and addresses are not listed below, I made a diligent inquiry to identify and locate these individuals and the following describes the specific steps taken by me in making this inquiry (additional page(s) may be attached as necessary):

- I do             I do not    have a legal interest in this matter.  
 I do             I do not    have a financial interest in this matter.  
 I am             I am not    involved in litigation with the respondent.

Although I have indicated that I have a legal or financial interest in this matter or that I am involved in litigation with the respondent, I believe it would not be practicable or possible for someone else to be the petitioner for the following reasons:

- No certificate is attached.  
 One certificate is attached.  
 Two certificates are attached.

The petitioner can request to be notified if the facility director approves the respondent's request for voluntary or informal admission prior to adjudication. The petitioner may also request to be notified of the respondent's discharge under section 3-902(d) of the Mental Health and Developmental Disabilities Code. Failure to indicate a choice will be treated as a decision NOT to be notified.

- If respondent requests and is approved for voluntary or informal admission prior to adjudication, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2203 for notification purposes).
- If respondent is discharged, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2208M for notification purposes).
- I do not wish to be notified in either of the two situations described above.

The petitioner has made a good faith attempt to determine whether the recipient has executed a power of attorney for health care under the Power of Attorney for Health Care Law or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act and to obtain copies of these instruments if they exist.

I have read and understood this petition and affirm that the statements made by me are true to the best of my knowledge. I further understand that knowingly making a false statement on this Petition is a Class A Misdemeanor.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Within 12 hours of admission to the facility under this status, I gave the respondent a copy of this Petition (MHDD-5). I have explained the Rights of Admittee to the respondent and have provided him or her with a copy of it. I have also provided him or her with a copy of Rights of Individuals Receiving Mental Health and Developmental Services (MHDD-1) and explained those rights to him or her (405 ILCS 5/3-609).

Date/Time of Admission: \_\_\_\_\_ Signed: \_\_\_\_\_

To Mental Health Facility/Psychiatric Unit Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## RIGHTS OF ADMITTEE

1. If you have been brought to this facility on the basis of this petition alone, you will not be immediately admitted, but will be detained for examination. You must be examined by a qualified professional within 24 hours or be released.
2. When you are first examined by a physician, clinical psychologist, qualified examiner, or psychiatrist, you do not have to talk to the examiner. Anything you say may be related by the examiner in court on the issue of whether you are subject to involuntary or judicial admission.
3. At the time that you have been certified, and a copy of the petition and certificate will be filed with the court and you may be admitted to the facility. A copy of the petition shall also be given to you.
- 4A. If you are alleged to be subject to involuntary admission (mentally ill) you must also be examined within 24 hours excluding Saturdays, Sundays, and holidays by a psychiatrist (different from the first examiner) or be released. If you are alleged to be subject to involuntary admission the court will set the matter for a hearing.
- 4B. If you are alleged to be subject to judicial admission (mentally retarded) the court will set a hearing upon receipt of the diagnostic evaluation which is required to be completed within 7 days.
- 5A. If you are alleged to be subject to involuntary admission (mentally ill) and if the facility director approves, you may be admitted to the facility as a voluntary admittee upon your request any time prior to the court hearing. The court may require proof that voluntary admission is in your best interest and in the public interest.
- 5B. If you are alleged to be subject to judicial admission (mentally retarded) and if the facility director approves, you may decide that you prefer to admit yourself to the facility rather than have the court decide whether you ought to be admitted. You may make the request for administrative admission at any time prior to the hearing. The court may require proof that administrative admission is in your best interest and the public interest.
6. You have the right to request a jury.
7. You have the right to request an examination by an independent physician, psychiatrist, clinical psychologist, or qualified examiner of your choice. If you are unable to obtain an examination, the court may appoint an examiner for you upon your request.
8. You have the right to be represented by an attorney. If you do not have funds or are unable to obtain an attorney, the court will appoint an attorney for you.
9. You have the right to be present at your court hearing.
10. As a general rule, you do not lose any of your legal rights, benefits, or privileges simply because you have been admitted to a mental health facility (see your copy of the "Rights of Individuals"). However, you should know that persons admitted to mental health facilities will be disqualified from obtaining Firearm Owner's Identification Cards, or may lose such cards obtained prior to admission.
11. Information about the health care services you receive at a mental health or developmental disabilities facility is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.O. 104-191) at 45 CFR 160 and 164. Your personally identifiable health information will only be used and/or released in accordance with HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].

A GUARDIANSHIP AND ADVOCACY COMMISSION IS A STATE AGENCY WHICH CONSISTS OF THREE DIVISIONS: LEGAL ADVOCACY SERVICES, HUMAN RIGHTS AUTHORITY AND THE OFFICE OF THE STATE GUARDIAN. THE COMMISSION IS LOCATED AT:

Egyptian Regional Office  
#7 Cottage Drive  
Anna, Illinois 62906  
618/833-4897

Peoria Regional Office  
5407 North University, Suite 7  
Peoria, Illinois 61614  
309/693-5001

East Central Regional Office  
423 South Murray Road  
Rantoul, Illinois 61866-2125  
217/892-4611

Rockford Regional Office  
4302 North Main Street  
Rockford, Illinois 61103  
815/987-7657

North Suburban Regional Office  
9511 Harrison Avenue, FA 101  
Des Plaines, Illinois 60016  
847/294-4264

West Suburban Regional Office  
P.O. Box 7009  
Hines, Illinois 60141-7009  
708/338-7500

Metro East Regional Office  
Pine Cottage  
4500 College Avenue  
Alton, Illinois 62002  
618/462-4561

Equip for Equality, Inc. is an independent, not-for-profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The offices are located at:

Northeastern Regional Office  
20 N. Michigan, Ste 300  
Chicago, IL 60602  
800/537-2632 or 312/341-0022  
TTY: 800/610-2779 Se habla espanol

West/Central Region  
235 S. 5th Street  
PO Box 276  
Springfield, IL 62701  
800/758-0464 (Voice/TTY) 217/544-0464

Northwestern Region  
1612 Second Avenue  
PO Box 3753  
Rock Island, IL 61204  
800/758-6869 (Voice/TTY) 309/786-6868

Website: [www.equipforequality.org](http://www.equipforequality.org)

I certify that I provided respondent with a copy of this form.

English       Spanish       Other      Specify language: \_\_\_\_\_ on \_\_\_\_\_  
Time: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_