



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

Tracking Number _____

In the Matter of _____

Name of Respondent

PETITION FOR ASSISTED OUTPATIENT TREATMENT (Maryland Rule 15-1702)

NOTE: Use this form to ask the court to order assisted outpatient treatment for the respondent. File it in the circuit court for the city/county where the respondent currently lives or, if the current residence is unknown, in the city/county of the respondent's last known address.

The petitioner, _____, requests that this court order assisted outpatient treatment for _____, and in support of this petition states:

1. Petitioner's:

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail _____

2. Petitioner is: (Choose One and Fully Answer Applicable Question(s))

[] The director of a mental health program that receives state funding under Title 10, Subtitle 9, Part I of the Health-General Article.

State the name of the program, provider ID number, and petitioner's title:

[] An individual at least 18 years old who has a legitimate interest in the welfare of the respondent.

State petitioner's relationship to respondent:

If petitioner is not filing as a director of a mental health program, state the petitioner's interest in the welfare of the respondent:

3. Respondent's:

Address _____ DOB _____

Gender _____ Race _____ Ht. _____ Wt. _____ Hair _____ Eyes _____

Complexion _____ Any Other Known Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail _____

4. [] Petitioner knows of no guardian or health care agent for respondent; or

[] If applicable and known, respondent has the following guardian or health care agent:

Name _____ Relationship _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail _____

5. Petitioner believes, for the following reasons, that respondent meets the criteria for assisted outpatient treatment. *(For each criterion, specific factual allegations must be included to support this belief):*

- 1. Respondent is at least 18 years of age.
- 2. Respondent has a serious and persistent mental illness.

State the respondent's behaviors that make the petitioner believe that respondent has a serious and persistent mental illness, with specifics as to the timing and nature of behaviors:

- 3. Respondent has demonstrated a lack of adherence with treatment that has:
 - at least **twice** within the 36-month period immediately preceding the filing of this petition been a significant factor in either necessitating inpatient admission to a psychiatric hospital for at least 48 hours or receipt of psychiatric services in a correctional facility; OR
 - at least **once** within the 36-month period immediately preceding the filing of this petition resulted in either an act of serious violent behavior toward self or others or patterns or threats of, or attempts at, serious physical harm to self or others.

Provide specific dates, circumstances, and behaviors that support this response (time that respondent spent hospitalized or incarcerated may not be included when calculating the time periods above):

- 4. Respondent is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would create a substantial risk of serious harm to respondent or others. Based upon respondent's treatment history, provide information on what makes the petitioner believe that assisted outpatient treatment is necessary to prevent such a relapse or deterioration:

- 5. Respondent is unlikely to adequately adhere to outpatient treatment on a voluntary basis for reasons that are not due to financial, transportation, or language issues. Provide specific information on how the respondent has demonstrated nonadherence to treatment within the last 36 months. Include dates and details about the circumstances:

- 6. In consideration of items one (1) through five (5), assisted outpatient treatment is the least restrictive alternative appropriate to maintain the health and safety of the respondent. State the facts that support this response:

6. This petition is accompanied by an affidavit or affirmation of a psychiatrist stating that the psychiatrist is willing and able to testify at a hearing on the petition, has examined the respondent within 30 days before the date of the petition, and has concluded that respondent meets the criteria under Health-General Article, § 10-6A-05 for assisted outpatient treatment.

Name of Psychiatrist _____

Contact Information _____

Date of Examination _____

7. If applicable, a petition requesting assisted outpatient treatment for the respondent was filed previously on _____ and was voluntarily accepted by respondent not voluntarily accepted by respondent granted denied unknown.
Date

8. If applicable, the respondent has access to the following firearms/weapons: _____

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

_____	_____
Date	Signature
_____	_____
Street Address	Printed Name
_____	_____
City, State, Zip	Telephone Number
_____	_____
E-mail	Fax

TO THE PETITIONER: You may be required to appear before the court. You have made the statements above under penalties of perjury. A petitioner who, in good faith and with reasonable grounds, submits or completes the Petition for Assisted Outpatient Treatment is not civilly or criminally liable for submitting or completing the petition. Attach additional sheets if necessary.

TO THE COURT: Under Maryland Rule 15-1709, this petition shall be shielded upon filing and not open for public inspection. It may not be published on Maryland Judiciary Case Search. The circuit court shall notify the following of the filing of the petition:

- (i) The respondent;
- (ii) The Mental Health Division in the Office of the Public Defender;
- (iii) If the county has established a program pursuant to Code, Health-General Article, § 10-6A-03, the applicable local behavioral health authority, the core service agency of the county, or the Maryland Department of Health (bha.aotpetitions@maryland.gov);
- (iv) The county attorney; and
- (v) If applicable and known, the respondent's guardian and health care agent.