

COMMONWEALTH OF PENNSYLVANIA
NOTIFICATION OF MENTAL HEALTH COMMITMENT

In accordance with 18 Pa.C.S. 6111.1(f)(1)(i), judges of the courts of common pleas shall notify the Pennsylvania State Police (PSP) of the identity of any individual who has been adjudicated as an incompetent or as a mental defective or who has been involuntarily committed to a mental institution under the act of July 9, 1976 (P.L. 817, No. 143), known as the Mental Health Procedures Act, or who has been involuntarily treated as described in section 6105(c)(4) (relating to persons not to possess, use, manufacture, control, sell or transfer firearms) or as described in 18 U.S.C. §922(g)(4) (relating to unlawful acts) and its implementing Federal regulations. This notification shall be transmitted by the judge to the PSP within **SEVEN** days of the adjudication, commitment, or treatment, at the address below.

The Pennsylvania Uniform Firearms Act, 18 Pa.C.S. 6105(c)(4) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1976 (P.L. 817, No. 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 Pa.C.S.A. 5501. Pursuant to the Pennsylvania Mental Health Procedures Act, Section 109, notification shall be transmitted to the PSP by the judge, mental health review officer, or county mental health and mental retardation administrator within **SEVEN** days of the adjudication, commitment or treatment by first class mail to the **Pennsylvania State Police, Attention: PICS Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. A copy of this form must also be forwarded to the sheriff of the county in which this person resides in accordance with 18 Pa.C.S. § 6109(i.1)(2). The envelope should be marked "CONFIDENTIAL – ATTENTION FIREARMS."**

Place an "X" in type of Involuntary Commitment (302, 303, 304), Adjudicated Incapacitated, etc. Please type or print clearly.

INVOLUNTARY COMMITMENT **302** **303** **304** **ADJUDICATED INCAPACITATED/ INCOMPETENT**
 OTHER _____

DATE OF COMMITMENT OR ADJUDICATED INCAPACITATED, ETC. / /

COUNTY OF COMMITMENT OR ADJUDICATION _____

INDIVIDUAL INFORMATION - INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCAPACITATED, ETC.

LAST NAME _____ FIRST _____ MIDDLE _____

JR., ETC. _____ MAIDEN NAME _____ ALIAS _____

DATE OF BIRTH / / SSN - - SEX _____ RACE _____
(Optional, but will help prevent misidentification)

HEIGHT ' " WEIGHT _____ HAIR _____ EYES _____

ADDRESS _____

Name of Physician Certifying Necessity of Involuntary Commitment _____
(Print Name)

Hospital/Facility Providing Treatment/Address _____

NOTIFICATION BY (Please print name, address, area code, and telephone number of agency or county court.)

Register of Wills/Clerk of Orphans' Court Jean Marfizo King Telephone (717) 780-6500

Address 101 Market Street, Room 103, Harrisburg, PA 17101

303-304 Commitments require the Judge/Review Officer name authorizing the commitment, case number, & order date.

Name of Judge/Review Officer _____
(Print Name)

Court Case Number _____ Date of Court Order / /

SIGNATURE OF NOTIFYING OFFICIAL _____ Date / /

NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the lack of severe mental disability following the initial examination under Section 302(b) of the Mental Health Procedures Act and pursuant to the Pennsylvania Uniform Firearms Act, Section 6111.1 (g)(3). Notice shall be transmitted by physician to the Pennsylvania State Police through the county Mental Health and Mental Retardation Administrator or Mental Health Review Officer.

Name of Physician (Print Name) _____

Signature of Physician _____ Date / /

PRIVACY ACT NOTICE: Solicitation of this information is authorized under Title 18 Pa.C.S. §6111.1, and Title 50 P.S. § 7109. Disclosure of your social security number is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.