

NOTIFICATION OF MENTAL HEALTH COMMITMENT

The 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, 1979 (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 Pennsylvania State Police 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.**
NOTE: The envelope shall be marked "CONFIDENTIAL."

Place a check on either Involuntary Commitment and indicate 302, 303, 304, or Adjudication of Incapacity

INVOLUNTARY COMMITMENT **302** **303** **304** **ADJUDICATION OF INCAPACITY**

DATE OF COMMITMENT OR DATE ADJUDICATED INCAPACITATED _____

COUNTY OF COMMITMENT Allegheny County

INDIVIDUAL INFORMATION - INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCAPACITATED

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

JR., ETC. _____ MAIDEN NAME _____ ALIAS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

ADDRESS _____

PHYSICIANS CERTIFICATION (302 COMMITMENT REQUIREMENT)

PHYSICIAN CERTIFYING NECESSITY OF INVOLUNTARY COMMITMENT _____
(Required in accordance with Section 6105(c)(4) of the Uniform Firearms Act) (Print Name) (Signature)

HOSPITAL/FACILITY PROVIDING TREATMENT/ADDRESS _____

NOTIFICATION BY: (PLEASE PRINT NAME, ADDRESS, AREA CODE, AND PHONE NUMBER OF AGENCY OR COUNTY COURT)

MH/MR ADMINISTRATOR/REVIEW OFFICER _____ PHONE _____

JUDGE'S AUTHORIZATION OF COMMITMENT, CASE NUMBER & ORDER DATE (303 & 304 REQUIREMENT)

JUDGE _____

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 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 (PLEASE PRINT) _____

SIGNATURE OF PHYSICIAN _____ DATE _____