

COMMONWEALTH OF PENNSYLVANIA
NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Uniform Firearms Act, 18 PA C.S.A. §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: Montgomery 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: Male Female 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: _____
Case # 20 -X 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: _____