

COURT OF COMMON PLEAS OF THE TWENTY-FIFTH JUDICIAL DISTRICT
CLINTON COUNTY

REFERRAL PROCEDURES FOR ASSESSMENT AND
PLACEMENT PURSUANT TO ACT 53
INVOLUNTARY COMMITMENT OF A MINOR FOR
SUBSTANCE ABUSE TREATMENT

1. Inquiries regarding Act 53 should be directed to the Single County Authority which is the West Branch Drug and Alcohol Abuse Commission, phone number 1-888-941-2721.
2. West Branch Drug and Alcohol Abuse Commission will advise the person that the individual needs to secure a Petition and file it with the Court of Common Pleas of Clinton County.
3. Petitions are available at the following locations:

West Branch Drug and Alcohol Abuse Commission; Office of Court Administrator, Clinton County Courthouse, Lock Haven, PA; or online.
4. After the Petition has been completed by the Parent/Guardian or by an attorney, the Petition should be filed in the Prothonotary's Office at the Clinton County Courthouse and then forwarded to the Court Administrator.
5. Upon receipt of the Petition, the Court Administrator shall schedule a hearing and an attorney and a Guardian Ad Litem shall be appointed for the minor by the Court.
6. The Parent/Guardian, the minor, the minor's attorney and the Guardian Ad Litem must attend the scheduled hearing. A representative of the West Branch Drug and Alcohol Abuse Commission will attend the hearing to expedite the assessment process. Parent/Guardian must bring any information pertaining to insurance coverage of substance abuse treatment to the hearing.

7. (a) If the minor is a recipient of Medical Assistance or is uninsured, the minor will be directed to the West Branch Drug and Alcohol Abuse Commission for an assessment and an appropriate level of care determination.

(b) If the minor has health insurance coverage for substance abuse treatment, the minor will be directed to follow the instructions of the insurance carrier to arrange for an assessment and an appropriate level of care determination.

8. Assessments will be completed as quickly as possible and the results will be submitted to the Court in writing, with a recommendation for an appropriate level of care. The individual completing the assessment should be present in court at the hearing for the disposition of the Petition.

9. If the minor fails to appear for the scheduled assessment, or is uncooperative during the course of the assessment, the Court shall be notified immediately by phone and in writing. A hearing may proceed in the minor's absence.

10. Upon order of the Court, the minor will begin the Court approved level of care.

11. A court review of the case will be scheduled thirty (30) days after the initiation of treatment.

12. Should the minor be discharged for failure to comply with treatment program regulations and protocols, the minor will be referred to the Court for further proceedings.

COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

IN RE:)	No.
)	
Parent/Guardian)	
Vs.)	
)	
Minor Child)	

ORDER OF COURT

NOW, this _____ day of _____, 20____, a Petition having been filed requesting that the above child be committed for substance abuse treatment, a hearing is hereby scheduled for the _____ day of _____, 20____, at _____ m., Clinton County Courthouse, Lock Haven, Pennsylvania, in Courtroom Number _____, at which time the Parent/Guardian and Minor Child are directed to appear.

IT IS FURTHER ORDERED that the petitioning party shall serve a certified copy of this Order together with the Petition herein on all appropriate parties. Service shall be by personal service or certified mail, return receipt.

BY THE COURT:

COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

IN RE:)	No.
)	
)	
Vs.)	
)	
)	
)	
)	
)	
)	

PETITION FOR INVOLUNTARY COMMITMENT OF MINOR
FOR SUBSTANCE ABUSE TREATMENT

(PURSUANT TO ACT 53 OF 1997)

The Petition of the above-named Parent/Guardian respectfully represents that:

1. _____ is the Petitioning Party, who
(Parent/Guardian)
resides at _____.

2. _____ is the Responding Party and
(A Minor)
resides at _____.

3. _____
(A Minor)

4. The Petitioner respectfully requests that the said minor child be committed for substance abuse treatment for the following reasons:

WHEREFORE, Petitioner prays this Honorable Court after hearing commit the Minor Child to treatment for a period not to exceed the recommended length of stay by the facility.

Respectfully submitted,

Petitioner/Parent/Guardian

I, _____, the undersigned petitioner, aver that the facts set forth in this petition are true and correct to the best of my personal knowledge and belief, and are made subject to the penalties of unsworn falsification to authorities under 18 Pa.C.S. § 4904.

Name

Date