Commonwealth of Puerto Rico GENERAL COURT OF JUSTICE

Court of First Superior Municipal (
Person requesting a remedy In behalf of:	Case No. Re: Law No. 408 of 2000, as amended, Puerto Rico Mental Health Code of 2000
Person for whom remedy is sought	
Ex parte	

PETITION UNDER THE PUERTO RICO MENTAL HEALTH CODE (LAW NO. 408 of 2000)

Comes Now , of legal age,
(First and Last Names)
and of the following personal circumstances:
Physical Address:
Is the physical address the same as the mailing address?
☐ Yes ☐ No (please provide mailing address):
Email:
Mobile Phone: ()
Home Phone or other number: ()
Relationship with the person for whom a remedy is sought:
spouse or partner father mother son/daughter other relative
healthcare worker (interdisciplinary or multidisciplinary team member, social worker, case
manager, etc.)
police officer owner of a long-term care facility or residential treatment center
other:
If appearing as a health age preferaional provide the following information.
If appearing as a healthcare professional, provide the following information:
Professional license number:
Name of the institution providing the services you represent:
Institution's Mailing Address:
Official Email Address: Official Telephone: ()
Official Telephone: ()
If appearing as healthcare worker, police officer, or owner of a long term care facility or residentia
If appearing as healthcare worker, police officer, or owner of a long-term care facility or residentia treatment center, please provide the following information, if available to you:
Name of spouse, legal guardian or closest relative:
Address of contact person:
Tolophono: /

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I, the	petitio	oner, state and pray the following:
1.	I hav	ve reason to believe that
		(provide the first and last names of the person
	of	for whom a remedy is sought) years of age, whose marital status is single married I don't know, who is located in
	anu	(Town)
	subs dam	ns to be suffering from a mental disorder, a health condition related to controlled stances, or both, and is in immediate danger of harming himself/herself or others, or aging property, cannot manage everyday life, and is unable to protect or care for self/herself.
2.	The	person is currently:
	a a v	at the person's usual place of residence in hospital admitted to a long-term care facility or residential treatment center wandering the streets around whereabouts unknown other:
3.	For	the following reasons, I request the following remedies:
		This person's <u>temporary detention</u> for a period not exceeding 24 hours so the person may be evaluated by an interdisciplinary or multidisciplinary team of mental health professionals, who shall determine whether the person needs to receive treatment and shall recommend an adequate level of care pursuant to the signs and symptoms the person may exhibit. If the recommended level of care is the involuntary admission to a hospital, the petition is for the court to issue an order for <u>involuntary admission</u> for a maximum of 15 days, provided that the team of professionals who evaluated the person certifies to the court such a need within the term provided by law.
		If you selected this remedy, complete the following:
	During the last 24 hours, the person for whom a remedy is sought committed the following acts (also provide the time and place where these events took place, the names of witnesses, if any, and their contact information, if known):	
	-	
	-	
	-	
	-	
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	-	
		This person's <u>involuntary admission</u> for a maximum of 15 days. (Select this option only if you have a certification from a mental health service provider that states that the person was evaluated and the recommendation is to order the person's involuntary admission for a maximum of 15 days in order to continue the treatment specified. The medical certificate must be included with this petition).
		Compulsory treatment for this person (specify which of the two scenarios applies):
		The person <u>has not been</u> evaluated, and therefore the petition is to order the person to submit to an evaluation by a team of mental health professionals to determine whether the person should receive compulsory treatment and to set a hearing to discuss the results of the evaluation.

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	If you selected this remedy, complete the following:
	The person for whom the remedy is sought committed the following acts (provide time and place):
-	
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- -	
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	The person <u>has been</u> evaluated and the team of mental health professionals recommends this level treatment, and therefore the petition is to set a hearing to discuss the recommendation in the evaluation. (If you selected this option, the medical certificate must be included with this petition).
who treat stab	nange of status from voluntary admission to involuntary admission for this person, had voluntarily submitted to treatment at a hospital but now refuses to continue timent, even though the signs and symptoms this person exhibited have not been ilized. (If you selected this option, you must include with this petition the medical ficate).
is un	troconvulsive therapy for this person, who due to the person's condition, said person able to give consent for this treatment, which is part of the clinical recommendations failure to receive such treatment may result in imminent harm.
	pluntary admission been ordered or has this person received compulsory nt before?
Yes.	Provide the date, if known
☐ No	I don't know
	e person have health insurance?
	attaching any documents to this petition? ocuments are attached.
	ification issued by the interdisciplinary or multidisciplinary team recommending luntary admission, compulsory treatment, or change of status
	whether you are able to appear for the hearings in this case remotely by nference?
•	wish to receive court notices via text messages to the mobile phone number? Yes No (data or text charges may apply through your wireless service provider)

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STATEMENT UNDER PENALTY OF PERJURY

By filing this petition, I certify, under penalty of perjury, that I am the petitioner to this case, that my name and personal circumstances are as stated above, and that the information stated herein is true and correct to the best of my personal knowledge and belief, to which I attest.

This petition has not been filed because of an existing economic or litigious interest concerning this person, whether civil, criminal, administrative or otherwise, or for any reason other than to ensure the safety and well-being of the person for whom a remedy is sought or the safety and well-being others or of any property involved. I further state that I will appear in court to testify under oath on such facts at the hearing.

This day of	·
Name of the person requesting a remedy	Signature of the person requesting a remedy

The Judicial Branch of Puerto Rico offers reasonable accommodation so that persons with disabilities may have the same opportunity to participate in court proceedings or in its programs, services, and activities. If you or the person seeking relief needs an interpreter or reasonable accommodation, you may fill out the Application for Interpreter Services, Reasonable Accommodation and Video Recording (OAT 1948), available at the Offices of the Clerk of the Court, Pro Se Centers, and on the following E-Court webpage: https://poderjudicial.pr/Documentos/formularios/OAT-1948-English-Version.pdf.