

	<h1 style="margin: 0;">ELGIN POLICE DEPARTMENT</h1> <p style="margin: 0;">151 Douglas Avenue Elgin, Illinois 60120</p>	
Effective Date: 02/25/05	STANDARD OPERATING PROCEDURE	Revised Date: 05/27/15
Chief of Police: 	Responding to Persons with Mental Illness, 42.5	
Cross Reference: SOP 1.2 Limits of Authority SOP 1.6 Firearm Concealed Carry Act SOP 71.3 Special Transports SOP 72.6 Detainee Medical & Health Care Services Americans with Disabilities Act Mental Health & Developmental Disabilities Code, 405 ILCS 5 405 ILCS 5/1-106 405 ILCS 5/1-114 405 ILCS 5/1-116 405 ILCS 5/1-119 405 ILCS 5/1-129 405 ILCS 5/3-601 405 ILCS 5/3-607	Policy Sections: 42.5.1 Recognition of Persons Suspected to be Suffering from Mental Illness 42.5.2 Determining Danger 42.5.3 Dealing with Mentally/Emotionally ILL 42.5.4 Making Referrals 42.5.5 Procedures for Taking into Custody 42.5.6 Emergency Admittance Forms 42.5.7 Dealing with Persons Suspected to be suffering from Excited Delirium or a Serious Mental Episode 42.5.8 Persons on Unauthorized Leave from a Mental Institution 42.5.9 Clear and Present Danger Reporting 42.5.10 Mental Illness Training Appendix A: Petition for Involuntary/Judicial Admission	

PURPOSE

The purpose of this policy is to establish guidelines for employees on the recognition and handling of persons who are suspected to be mentally ill and/or in need of mental health treatment and to provide procedures to be used when coming into contact with such individuals.

POLICY STATEMENT

Employees may come into contact with persons suspected to be mentally ill. The need to assess the mental state and intention of individuals is a routine requirement of employees. Dealing with individuals in enforcement situations who are known or suspected to be mentally and/or emotionally ill carries the potential for violence, requires employees to make quick judgments about the mental state of an individual, and requires training to effectively and legally deal with the person to avoid unnecessary violence and violations of civil rights. Employees will act in accordance with the Illinois Mental Health and Developmental Disabilities Code and to the applicable portions of the Americans Disabilities Act.

DEFINITIONS

Americans with Disabilities Act (ADA): Protected individuals who currently have or have a history of physical or mental impairment that substantially limits one or more major life activities and those who are regarded as having such an impairment, whether they have the impairment or not.

Crisis Intervention Team (CIT): A team of officers who possess specialized training in handling individuals that have a mental illness.

Excited Delirium: A state of extreme mental and physiological excitement characterized by exceptional agitation and hyperactivity, overheating, excessive tearing of the eyes, hostility, superhuman strength, aggression, acute paranoia, and endurance without apparent fatigue.

Involuntary Admission Petition: (405 ILCS 5/3-601) When a person is asserted to be subject to involuntary admission on an inpatient basis and in such a condition that immediate hospitalization is necessary for the protection of such persons or others from physical harm.

Mental Health Facility: (405 ILCS 5/1-114) Any licensed private hospital, institution or facility or section thereof, and any facility, or section thereof, operated by State or political subdivision thereof for the treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities and mental health centers which provide treatment for such persons.

Mental Illness: (405 ILCS 5/1-129) A mental, or emotional disorder that substantially impairs a person's thought, perception of reality, emotional process, judgment behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia or Alzheimer's disease absent psychosis, a substance abuse disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct.

Mental Impairments: Include mental or physiological disorders, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities. Specific examples as it pertains to mental illness are: Alzheimer's, dementia, major depressive disorder, bipolar disorder, post-traumatic stress disorder, obsessive compulsive disorder and schizophrenia.

Person Subject to Involuntary Admission: (405 ILCS 5/1-119) A person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed; (2) a person with mental illness who because of his or her illness is unable to provide for his or her basic needs so as to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis; or (3) a person with mental illness who refuses treatment or is not adhering adequately to prescribed treatment; because of the nature of his or her illness, is unable to understand his or her need for treatment; and if not treated is reasonably expected, based on his or her behavioral history, to suffer from mental or emotional deterioration.

Physical Impairments: Physiological disorders or conditions, cosmetic disfigurement, or anatomical loss. Specific examples include: orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, HIV disease, drug addiction and alcoholism.

Protected Individuals: Those who currently have or have a history of a physical or mental impairment that substantially limits one or more major life activities and those who are regarded as having such an impairment, whether they have the impairment or not.

PROCEDURES

42.5.1 RECOGNITION OF PERSONS SUSPECTED TO BE SUFFERING FROM MENTAL ILLNESS

- A. Mental illness is quite often difficult to define in a given individual. Employees are not expected to make judgments of mental or emotional disturbance, but rather to recognize behavior that is potentially destructive and/or dangerous to self or others. The following guidelines are generalized signs and symptoms of behavior that may suggest mental illness, although employees should not rule out other potential causes such as reactions to narcotics or alcohol or temporary emotional disturbances that are situationally motivated. Employees should evaluate the following related symptomatic behavior in the total context of the situation when making judgments about the individual's mental state and need for intervention, absent from the commission of a crime:
1. **REACTIONS** - Mentally/emotionally ill persons may show signs of strong and unrelenting fear of persons, places or things. The fear of people or crowds, for example, may make the person extremely reclusive or aggressive without apparent provocation.
 2. **APPROPRIATENESS OF BEHAVIOR** – An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally ill. For example, a motorist who vents frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
 3. **EXTREME RIGIDITY OR INFLEXIBILITY** – Emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.

4. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
 - a. Abnormal memory loss related to common facts as name or home address.
 - b. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur, "I am God," or paranoid delusions, "Everyone is out to get me."
 - c. Hallucinations of any of the five senses which may include hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc.
 - d. The belief that one suffers from extraordinary physical maladies that are not possible, such as a person who is convinced that his or her heart has stopped beating for extended periods of time.
 - e. Extreme confusion, fright, or depression.
 - f. Individuals that display sudden drastic changes in lifestyle. Examples include: unwillingness to live up to commonly accepted rules and responsibilities, sudden and drastic mood swings, serious lack of judgment regarding money, job, family and property; or marked and extreme departures in dress and sexual behavior.
- B. There are important differences between individuals suffering from medical conditions and those with an actual mental illness.
 1. Mental illness impairs a person's mental state and includes, but is not limited to: schizophrenia, depression, bipolar disorder, post-traumatic stress disorder, anxiety disorders, and borderline personality disorder.
 2. Medical conditions impairs a person's physiological state and includes, but is not limited to: mental retardation, cerebral palsy, autism, and hard of hearing or deaf.

42.5.2 DETERMINING DANGER

Not all persons suffering from mental illness are dangerous. Employees may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to him/herself or others. These include, but are not limited to:

- A. The availability of any weapons to the person.
- B. Statements by the person that suggest the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threats that, when taken in conjunction with other information, paint a more complex picture of the potential for violence.
- C. A personal history that reflects prior violence under similar or related circumstances, known by friends, family, neighbors and/or officers.
- D. Information about the mental state of an individual that can be found in, but not limited to: New World file jacket, CAD, and booking cards. Information shall be relayed to officers via radio by using the code 10-96. Cross reference Standard Operating Procedure 72.6, Detainee Medical & Health Services.
- E. Failure of the disturbed individual to act prior to arrival of police does not guarantee that there is no danger, but it does diminish the potential for danger.

- F. The amount of control a person demonstrates is significant, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of lack of control may include inability to sit still or communicate effectively, wide eyes, and rambling speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is alright may also suggest the individual is losing control.
- G. The volatility of the environment is a particularly relevant factor that must be evaluated. Agitators that may affect the person can incite violence.

42.5.3 DEALING WITH THE MENTALLY AND EMOTIONALLY ILL

- A. The officer needs to determine if the individual is a potential threat to themselves, the officer, or others and maintain an awareness of his/her surroundings, taking into account the stability of the person. The following are some steps that should be taken, when safe and practical:
 - 1. If a back-up officer is not on scene, make all attempts to have one, especially in cases where the individual is being taken into custody.
 - 2. Whenever possible, a crisis intervention team officer should be requested. The CIT officer will assist in handling the incident and initiate the follow-up process. The results of the follow-up will be attached to the subject's global jacket. The responding officer also has the option to handle the incident themselves; however, a CIT officer must be notified of the incident. Notification shall be made by sending an e-mail to cit@cityofelgin.org; this shall be done even when a police report was not initiated. A CIT officer will review the information. The incident will be assigned for follow-up, if needed.
 - 3. Take steps to help calm the situation. When possible, eliminate emergency lights and sirens, disperse crowds and assume a quiet, non-threatening disposition when interacting with the individual.
 - 4. If no violent or destructive act has occurred, avoid as much physical contact as to keep the situation safe for all present.
 - 5. Move slowly and do not excite the person. Provide reassurance that the police are there to help communicate and he/she will be provided with the appropriate care. Guide the conversation toward subjects that help bring the person back to reality.
 - 6. Where possible, gather information on the subject from acquaintances or family members. Communicate with the person to determine what is bothering him/her.
 - 7. If the person exhibits behaviors associated with excited delirium or a serious mental episode, refer to section 42.5.7 of this policy.
- B. When dealing with persons suffering from mental illness or emotional disturbance, in conjunction with conducting an investigation, alternatives to arrest should be considered to ensure the best treatment options are used. Cross Reference Standard Operating Procedure 1.2, Limits of Authority.

42.5.4 MAKING REFERRALS

Offer mental health referrals, when in the best judgment of the employee, the circumstances do not indicate the subject must be taken into custody for his/her own protection or others.

- A. Referrals should be made to one or all of the following services:

Police Social Worker, (847) 289-2686, M-F 8:00am to 5:00pm

Ecker Center, (847) 695-0484, 24 hours

Community Crisis Center, (847) 697-2380, 24 hours

Depression Hotline, 1-800-SUICIDE, 1-800-273-TALK, (630) 482-9696, 24 hours

- B. A general report shall be written for all referrals. Ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. The reasons why the subject was referred to another agency should be reported in detail.

42.5.5 PROCEDURES FOR TAKING INTO CUSTODY

- A. Per Illinois Compiled Statute 405 ILCS 5/3-606 *“a peace officer may take a person into custody and transport him to a mental health facility, when as a result of his personal observation, the peace officer has reasonable grounds to believe the person is subject to involuntary admission and in need of immediate hospitalization to protect such person or others from physical harm. Upon arrival at the facility, the peace officer shall complete the petition under Section 3-601.”*
- B. Persons may also be ordered by the court for temporary detention and examination pursuant to 405 ILCS 5/3-607. *“The court may order a peace officer to take the person into custody and transport him to a mental health facility.”*
- C. Once the decision has been made to take an individual into custody, it should be done as soon as possible to avoid prolonging a potentially volatile situation. Using restraints on mentally ill people may aggravate their aggression. However, officers should take measures to protect the safety of themselves and others and follow department policy on transporting subjects.
- D. If time permits, request the shift supervisor to respond to the scene prior to taking custody of a potentially dangerous individual who may be mentally ill or an individual who meets other legal requirements for involuntary admission for mental examination.
- E. When a person who has been arrested by this department demonstrates a need for immediate medical attention due to a mental illness or an attempt to commit suicide, he/she will be transported to the hospital for an evaluation. It is at the discretion of the officer to request transport by ambulance. Refer to Standard Operating Procedure 71.3, Special Transports for additional transport procedures.
 - 1. The officer who is aware of the person's behavior may prepare a Petition for Involuntary/Judicial Admission. This petition will assert that the person is in need of treatment and must be completed, where applicable. Refer to section 42.5.6(A) for additional information.
 - 2. The officer will deliver the original petition to the hospital medical staff and remain with the person until they have received medical treatment or are admitted to the hospital. It is imperative that the petition fully describes the behavior and actions that resulted in the decision that the person is in need of mental health treatment.
 - 3. If the person is hospitalized as a result of the petition, a shift supervisor shall be notified. Refer to Standard Operating Procedure 71.3 Special Transports for information on the security of detainees who require medical attention.
 - 4. A general report shall be written when the individual is taken into custody; a copy of the petition shall be attached to the report. Ensure that the report is as explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. The reasons why the subject was taken into custody should be reported in detail.
- F. When a person requires mental health treatment and is not charged with or is not subject to an investigation of a crime, the following procedure may be followed:

1. When an officer comes in contact with a person who manifests the conditions as outlined in this policy, the officer may take the following steps:
 - a. The person shall be transported to the hospital for an evaluation either by ambulance or by police vehicle. If the officer is the only person able to attest to the behavior of the person, the officer shall complete the Petition for Involuntary/Judicial Admission. The officer shall also remain at the hospital with the individual until there is sufficient transmittal of information to allow the doctor to make an evaluation of the person. Cross reference Standard Operating Procedure 71.3, Special Transports.
 - b. If a relative, spouse or other person over the age of 18 years attests to the behavior of the person to be hospitalized, the officer shall ask the person to complete the Petition for Involuntary/Judicial Admission in the manner that has been described. The person attesting to the need for medical treatment of another will accompany the police officer to the hospital for the purpose of providing the necessary information to the examining doctor.
2. A mental health worker or a psychiatric worker may present a petition to a police officer requesting to have the person transported to a hospital for an evaluation. The type of transportation is at the officer's discretion.
3. When the petition is left for the officer by a third party, the person attesting to the alleged behavior must be personally present to verbally verify the allegations.

42.5.6 EMERGENCY ADMITTANCE FORMS

- A. Petition for Involuntary/Judicial Admission – The petition may be signed by any person 18 years of age or older, who can attest to the need for mental health evaluation of a person. The primary officer shall ensure the petition is completed. Refer to Appendix A to view the form.
- B. Certificate of Need for Hospitalization – This form is prepared by a physician to certify the need for hospitalization. No person admitted to the hospital on a petition can be detained for more than 24 hours without the completion of this certificate by a physician.
- C. Court Order for Temporary Detention and Examination – This is a court order signed by a judge and authorizing a police officer to take custody of a person in need of mental health treatment and transport that person to a mental health facility. The person taken into custody for examination may not be held more than 24 hours.
- D. These forms are an important part of the legal element in the process and without them a person who is mentally ill can not be legally restrained. Copies of these forms are at Sherman and St. Joseph Hospitals.

42.5.7 DEALING WITH PERSONS SUSPECTED TO BE SUFFERING FROM EXCITED DELIRIUM OR A SERIOUS MENTAL EPISODE

- A. Employees may come into contact with persons suffering from excited delirium or a serious mental episode. Subjects may display a sudden onset of paranoia and alternate between calm behavior and extreme agitation. Signs of excited delirium or a serious mental episode may include some of the following behaviors/conditions:
 1. Unexplained strength/endurance
 2. Extreme aggression toward objects
 3. Evidence of self-inflicted injuries

4. Paranoia, belief that someone is after them
 5. Inappropriate shedding of clothing
 6. Profuse sweating/high body temperature
 7. Dilated pupils
 8. Foaming at the mouth/drooling
- B. The following steps shall be taken when encountering a person suspected of excited delirium or a serious mental episode, when safe and practical:
1. Request an ambulance; this may be a serious medical emergency that requires immediate medical attention.
 2. Request a supervisor and crisis intervention team officer. When needed, back-up officers may also be requested.
- C. A general report shall be written. Ensure the report is as explicit as possible concerning the circumstances of the incident and the type of behavior(s) that were observed leading to the request for medical intervention.
- D. If a member of the crisis intervention team was not available, send an e-mail to cit@cityofelgin.org to initiate the follow-up process. This practice is covered in section 42.5.3 of this policy.

42.5.8 PERSONS ON UNAUTHORIZED LEAVE FROM A MENTAL HEALTH INSTITUTION

- A. Upon notification of a missing patient by an Illinois Department of Mental Health Institution, the appropriate information regarding the individual will be provided to officers on the street. An officer shall be dispatched to check the surrounding area in an attempt to locate the individual.
- B. When a person who has been arrested is identified as being on unauthorized leave, the arresting officer will note this in his or her report and “**Do not release on bond**” will be documented on the booking paperwork. The officer will notify the institution that reported the person as missing that the person is in custody and the status of the charges.
- C. As part of the intake process, the jailer shall make inquiries as to the detainee’s mental status and general well being. These factors shall be noted on the booking sheet. Cross reference Standard Operating 72.6, Detainee Medical & Health Care Services.
- D. Arrangements to transfer the custody of the individual will be the responsibility of the arresting officer and the on duty shift supervisor. A recognizance bond may be issued at this time.

42.5.9 CLEAR AND PRESENT DANGER REPORTING

The officer shall complete the Illinois State Police – Person Determined to Pose a Clear and Present Danger form when the subject makes or demonstrates homicidal or suicidal threats and/or actions, is named in a Petition for Involuntary Commitment by an employee, or any other behavior that falls under the definition of clear and present danger. Refer to Standard Operating Procedure 1.6, Firearms Concealed Carry Act for more information.

42.5.10 MENTAL ILLNESS TRAINING

- A. Employees will receive training on dealing with mentally ill/emotionally disturbed persons as soon as possible upon being hired. Sworn employees will receive this training at the police academy. Civilians will receive this training as arranged by the training officer.
- B. Employees will undergo re-training at least every three (3) years; this will be documented by the training officer. Additional training will be designated for employees demonstrating a need.

APPENDIX A: PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION
(This is a Department of Human Services Form.)

PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

STATE OF ILLINOIS

CIRCUIT COURT FOR THE [] JUDICIAL CIRCUIT
[] COUNTY

IN THE MATTER OF [])
[]) Docket No. []
[])
[])
[])
(name of respondent))

Who is asserted to be a person subject to [] In-patient admission to a facility and for whom
(judicial/involuntary)

this petition is being initiated by reason of: (Select one or more, if applicable)

☐ Emergency inpatient admission by certificate; (405 ILCS 5/3-600). The Respondent is currently detained in a mental health facility or hospital; name of facility where detained: [] .

☐ Inpatient admission by court order; (405 ILCS 5/3-700).

☐ Voluntary admittee submitted written notice of desire to be discharged and two Certificates are attached to/submitted with this petition; (405 ILCS 5/3-403).

☐ Voluntary admittee failed to reaffirm a desire to continue treatment and two Certificates are attached to/submitted with this petition; (405 ILCS 5/3-404).

☐ Person continues to be subject to involuntary admission on an inpatient basis; (405 ILCS 5/3-813).

☐ Emergency admission of the developmentally disabled; (405 ILCS 5/4-400).

☐ Judicial admission of the developmentally disabled; (405 ILCS 5/4-500).

☐ Developmentally disabled person or an interested person on behalf of a person submitted written objection to admission; (405 ILCS 5/4-306).

☐ Administrative person; (or person who executed application) failed to authorize continued residence; (405 ILCS 5/4-310).

☐ Person continues to meet standard for judicial admission; (405 ILCS 5/4-611).

I assert that _____ is: (check all that apply)

- ☐ a person with mental illness who: because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed;
- ☐ a person with mental illness who: because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis;
- ☐ a person with mental illness who: refuses treatment or is not adhering adequately to prescribed treatment; because of the nature of his or her illness is unable to understand his or her need for treatment; and if not treated on an inpatient basis, is reasonably expected based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either paragraph one or paragraph two above.
- ☐ an individual who: is developmentally disabled and unless treated on an in-patient basis is reasonably expected to inflict serious physical harm upon himself or herself or others in the near future, and/or
- ☐ in need of immediate hospitalization for the prevention of such harm.

I base the foregoing assertion on the following (State in detail the signs and symptoms of mental illness displayed by the Respondent. Include prior diagnosis, treatment and hospitalizations. Describe any threats, behavior or pattern of behavior which support your complaint. Include personal observations that lead to your belief the Respondent is subject to involuntary admission): If additional space needed please attach a separate page or pages.

Below is a list of all witnesses by whom the facts asserted may be proven (include addresses and phone numbers):

Listed below are the names and addresses of the spouse, parent, guardian, or substitute decision maker, if any, and close relative or, if none, a friend of the respondent whom I have reason to believe may know or have any of the other names and addresses. If names and addresses are not listed below, I made a diligent inquiry to identify and locate these individuals and the following describes the specific steps taken by me in making this inquiry (additional pages may be attached as necessary):

- ☐ I do ☐ I do not have a legal interest in this matter.
- ☐ I do ☐ I do not have a financial interest in this matter.
- ☐ I am ☐ I am not involved in litigation with the respondent.
- ☐ Although I have indicated that I have a legal or financial interest in this matter or that I am involved in litigation with the respondent, I believe it would not be practicable or possible for someone else to be the petitioner for the following reasons:

No certificate was attached with this petition because no physician, qualified examiner or clinical psychologist was immediately available or it was impossible after diligent effort to obtain a certificate. However: I believe, as a result of my personal observation, that the respondent is subject to Involuntary inpatient admission. A diligent effort was made to obtain a certificate; but no physician, qualified examiner or clinical psychologist could be found who has examined or could examine the respondent; and a diligent effort has been made to convince the respondent to appear voluntarily for examination by a physician, qualified examiner or clinical psychologist, or I reasonably believe that effort would impose a risk of harm to the respondent or others.

☐ One Certificate of Examination is attached.

☐ Two Certificates of Examination are attached.

Did a peace officer detain respondent, take him/her into custody, and/or transport him/her to the mental health facility?

☐ No ☐ Yes; If yes, the peace officer **MAY** complete the petition or if the petition **IS NOT COMPLETED** by the peace officer transporting the person, the following information **MUST** be entered:

Transporting Officer's Name: Badge Number:

Employer:

The petitioner can request to be notified if the facility director approves the recipient's request for voluntary or informal admission prior to adjudication. The petitioner may also request to be notified of the recipient's discharge under section 3-902 (d) of the Mental Health and Developmental Disabilities Code. Failure to indicate a choice will be treated as a decision NOT to be notified.

☐ if the individual requests and is approved for voluntary or informal admission prior to adjudication, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2203 for notification purposes).

☐ if the individual is committed or discharged by court, I wish to be notified using the contact information supplied below. (Hospital staff use form IL462-2208M for notification purposes).

☐ I do not wish to be notified in either of the two situations described above.

The petitioner has made a good faith attempt to determine whether the recipient has executed a power of attorney for health care under the Powers of Attorney for Health Care Law or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act and to obtain copies of these instruments if they exist.

I have read and understood this petition and affirm that the statements made by me are true to the best of my knowledge. I further understand that knowingly making a false statement on this Petition is a Class A Misdemeanor.

Date:

Signed:

Time:

Printed Name:

Relationship to Respondent:

Address:

Telephone Number:

Within 12 hours of admission to the facility under this status I gave the respondent a copy of this Petition (IL462-2005). I have explained the Rights of Admittee to the respondent and have provided him or her with a copy of it. I have also provided him or her with a copy of Rights of Individuals Receiving Mental Health and Developmental Services (IL462-2001) and explained those rights to him or her (405 ILCS 5/3-609).

Date/Time of Admission

Signed:

To Mental Health Facility/Psychiatric Unit

Printed Name:

Title:

RIGHTS OF ADMITTEE

1. If you have been brought to this facility on the basis of this petition alone, you will not be immediately admitted, but will be detained for examination. You must be examined by a qualified professional within 24 hours or be released.
2. When you are first examined by a physician, clinical psychologist, qualified examiner, or psychiatrist, you do not have to talk to the examiner. Anything you say may be related by the examiner in court on the issue of whether you are subject to involuntary or judicial admission.
3. At the time that you have been certified you will be admitted to the facility and a copy of the petition and certificate will be filed with the court. A copy of the petition shall also be given to you.
- 4A. If you are alleged to be subject to involuntary admission (mentally ill) you must also be examined within 24 hours excluding Saturdays, Sundays, and holidays by a psychiatrist (different from the first examiner) or be released. If you are alleged to be subject to involuntary admission the court will set the matter for a hearing.
- 4B. If you are alleged to be subject to judicial admission (developmentally disabled) the court will set a hearing upon receipt of the diagnostic evaluation which is required to be completed within 7 days.
- 5A. If you are alleged to be subject to involuntary admission (mentally ill) and if the facility director approves, you may be admitted to the facility as a voluntary admittee upon your request any time prior to the court hearing.

The court may require proof that voluntary admission is in your best interest and in the public interest.

- 5B. If you are alleged to be subject to judicial admission (developmentally disabled) and if the facility director approves, you may decide that you prefer to admit yourself to the facility rather than have the court decide whether you ought to be admitted. You may make the request for administrative admission at any time prior to the hearing. The court may require proof that administrative admission is in your best interest and the public interest.
6. You have the right to request a jury.
7. You have the right to request an examination by an independent physician, psychiatrist, clinical psychologist, or qualified examiner of your choice. If you are unable to obtain an examination, the court may appoint an examiner for you upon your request.
8. You have the right to be represented by an attorney. If you do not have funds or are unable to obtain an attorney, the court will appoint an attorney for you.
9. You have the right to be present at your court hearing.
10. As a general rule, you do not lose any of your legal rights, benefits, or privileges simply because you have been admitted to a mental health facility (see your copy of the "Rights of Individuals"). However, you should know that persons admitted to mental health facilities will be disqualified from obtaining Firearm Owner's Identification Cards, or may lose such cards obtained prior to admission.
11. Information about the health care services you receive at a mental health or developmental disabilities facility is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.O. 104-191) at 45 CFR 160 and 164. Your personally identifiable health information will only be used and/or released in accordance with HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].

A Guardianship and Advocacy Commission is a state agency consisting of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at the following addresses:

East Central Regional Office

2125 S. First Street
Champaign, IL 61820
Phone: (217) 278-5577
Fax: (217) 278-5588

Peoria Regional Office

401 N. Main Street, Suite 620
Peoria, IL 61602
Phone: (309) 671-3030
Fax: (309) 671-3060

Rockford Regional Office

4302 N. Main Street, Suite 108
Rockford, IL 61103
Phone: (815) 987-7657
Fax: (815) 987-7227

Egyptian Regional Office

47 Cottage Drive
Anna, Illinois 62906-1669
Phone: (618) 833-4897
Fax: (618) 833-5219

West Suburban Regional Office

Madden Mental Health Center
1200 S. First Avenue, P.O. Box 7009
Hines, IL 60141
Phone: (708) 338-7500
Fax: (708) 338-7505

Metro East Regional Office

Holly Bldg., 4500 College
Suite 100
Alton, IL 62002
Phone: (618) 474-5503
Fax: (618) 474-5517

North Suburban Regional Office

9511 Harrison Avenue
Des Plaines, Illinois 60016
Phone: (847) 294-4264
Fax: (847) 294-4263

Chicago Regional Office

160 N. La Salle Street
Suite S500
Chicago, IL 60601
Phone: (312) 793-5900
Fax: (312) 793-4311

Springfield Regional Office

521 Stratton Building
401 S. Spring Street
Springfield, IL 62706
Phone: (217) 785-1540
Fax: (217) 524-0088

Equip for Equality, Inc. is an independent, not-for-profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The offices are located at:

Main/Chicago Office

20 N. Michigan, Ste 300
Chicago, Illinois 60602
(800) 537-2632 or
(312) 341-0022
TTY: (800) 610-2779
Fax: (312) 341-0295

Central Illinois

1 West Old Capitol Plaza, Suite 816
Springfield, IL 62701O Box 276
(217) 544-0464
(800) 758-0464
TTY: (800) 610-2779
Fax: (217) 523-0720

Northwestern Illinois

1515 Fifth Avenue, Suite 420
Moline, IL 61265
(309) 786-6868
(800) 758-6869
TTY: (800) 610-2779
Fax: (309) 797-8710

Southern Illinois

300 E. Main Street, Suite 18
Carbondale, IL 62901
(618) 457-7930
(800) 758-0559
TTY: (800) 610-2779
Fax: (618) 457-7985

Website: www.equipforequality.org

I certify that I provided respondent with a copy of this form.

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Printed Name: