

## INSTRUCTIONS FOR COMPLETING A TWO-PARTY PETITION

A two-party petition is a process whereby two people who have reason to believe that another person is dangerous to themselves or to others, or is unable to provide for their basic personal needs, because of a mental disorder, can request in writing that the local mental health agency investigate the situation to determine if there is probable cause to believe that this is so. If the investigators determine there is probable cause, they may recommend a court hearing to determine if the person needs to be committed and ordered into treatment.

Before completing a two-party petition, you should understand the following:

1. If you sign a two-party petition, you may be served with a subpoena and required to testify at a court hearing.
2. Commitments generally last for 180 days and can be extended if the person still meets criteria for commitment.
3. Commitments are made to the State of Oregon. The county of residence determines the placement and makes every effort to place the individual within the county.
4. A person can only be committed if, because of a mental disorder, they are dangerous to self, dangerous to others, unable to provide for basic personal needs, or they have been previously committed twice within the past three years and are currently exhibiting behaviors similar to those behaviors for which they were previously committed.

To complete the two-party petition:

1. Two notarized signatures are required. Both signatures must appear on the same petition. Signers can sign at different times and have their signatures notarized separately. Sign the petition only in the presence of a Notary.
2. Each signer can complete a "Notification of Mental Illness Case History" (pages 2-7) and both copies can be attached to one petition. The case history section must be based on the petitioner's direct observations of the allegedly mentally ill person's behaviors. Hearsay or second-hand information is not acceptable. Again, the petition itself must have two notarized signatures.
3. Return the completed petition and the "Notification of Mental Illness Case History" to a member of the Coos Health and Wellness Access Team, 1975 McPherson, North Bend, OR. He or she will review the petition with you to make sure it is complete.

The investigation process begins once the petition is turned into the Mental Health Access Team. It may take up to 15 days for the investigation to be completed. The investigation process only results in a recommendation to the Court for a hearing or for no hearing. The Court determines if a person is to be committed.

NOTIFICATION OF MENTAL ILLNESS CASE HISTORY

IDENTIFYING INFORMATION: This information is about –

Name: \_\_\_\_\_

                    Last                                    First                                    M.I.

Maiden and/or other names used: \_\_\_\_\_

Sex:    Male     Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:    Single     Married     Separated    Divorced     Widowed     Other

Home Address: \_\_\_\_\_

                    Street

\_\_\_\_\_

                    City                                    State                                    County

Telephone No: \_\_\_\_\_

Length of residence at home address \_\_\_\_\_

Current location is not at home address (is in hospital, treatment facility, jail or elsewhere) :

Name of Location \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Name of relative or legal guardian: \_\_\_\_\_

\_\_\_\_\_

Street                    City                                    State                                    County                                    Zip Code

Telephone No. \_\_\_\_\_

Name of dependents (including spouse) and ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- This case history shall be provided only to the pre-commitment investigator, the court, the person's attorney, and the treatment facility of commitment

Presenting Problem

1. What problems have you personally observed that cause you to believe that this person has a mental disorder and is (a) dangerous to themselves or others; or (b) unable to provide reasonable care for themselves? (if additional space is needed, use last page).

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2. What problems have been reported to you that suggest that this person has a mental disorder, as stated above? Reported by whom?

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3. Check the traits or behaviors which currently describe this person.

- Bedridden
- Depressed
- Suicidal
- Hostile or suspicious
- apparently seeing or hearing things that are not there
- Physical or psychological withdrawal from others
- Tense or fearful
- Excited or agitated
- Apathetic or listless
- Confused, rambling, disorganized thinking or speech
- Untidy
- Violent or destructive
- Homicidal

4. Describe any traits or behaviors that you marked in #3. (if additional space is needed use last page.)

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5. How and when did these problems start?  Gradually?  Suddenly? Explain:

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6. Describe any recent situation or incident which could have caused these problems.

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7. Describe what this person was like before the start of the mental problems.

well adjusted?  Unstable? Explain:

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8. Has this person been a patient at any mental health clinic, with a private physician or counselor, or at any hospital or other facility serving people with mental disorders?

Yes No If yes, with whom, where and when?

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9. What medication is this person currently taking? Include prescribed and non-prescribed.

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10. What medications has been prescribed, but this person has not been taking?

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11. Has this person been abusing or been addicted to any alcohol or drugs?

Yes  No If yes, to what and for how long?

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12. Has this person shown any antisocial behavior (braking laws or important social customs?)

Yes  No      If yes, list any recent and relevant arrests and convictions and when.

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13. Are there any criminal or civil charges against this person at this time?

Yes  No      If yes, explain

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14. Has this person had any recent or chronic illness or serious accident?

Yes  No      If yes, explain

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15. Does this person have any physical defects or deformities?  Yes  No      If yes explain:

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16. Does this person require any unusual help in caring for self?  Yes  No      If yes, explain:

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C. OTHER INFORMATION

1. Have other members of this person's immediate family had a mental disorder?

Yes  No If yes, identify

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2. Give the names and addresses of relatives or friends who have an interest in this person welfare.

Name	Relationship	Address	Telephone
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3. What social agencies are interested and involved with this person or family? Give name, address, and the nature of the agency's interest.

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4. Name and address of family physician

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5. During this present illness, what plans were considered other than commitment?

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6. What would be the attitude of this person toward hospitalization?

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Toward commitment? \_\_\_\_\_

D. PERSON(S) WHO PROVIDED THIS INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

How well do you know this person? \_\_\_\_\_