

COMMONWEALTH OF PENNSYLVANIA

NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Uniform Firearms Act, 18 Pa.C.S. 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, 1976 (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 the 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: Firearm Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. NOTE: The envelope shall be marked "CONFIDENTIAL."

Place an "X" on either Involuntary Commitment or Adjudicated Incompetent

INVOLUNTARY COMMITMENT \_\_\_\_\_ ADJUDICATED INCOMPETENT \_\_\_\_\_

Date of Involuntary Commitment or Adjudicated Incompetent \_\_\_\_\_

INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT)

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

JR., ETC. \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ ALIAS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

ADDRESS \_\_\_\_\_

NOTIFICATION BY (Please print name, address, area code, and phone number of agency or county court.)

County Submitting Notification \_\_\_\_\_

County Mental Health and Mental Retardation Administrator \_\_\_\_\_

County Mental Health Review Officer \_\_\_\_\_

Physician \_\_\_\_\_

Hospital/Facility Providing Treatment/Address \_\_\_\_\_

Judge \_\_\_\_\_

SIGNATURE OF NOTIFYING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

Court Case Number \_\_\_\_\_ Date of Court Order \_\_\_\_\_

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NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the determination 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 the 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 \_\_\_\_\_