

 ROCKFORD POLICE DEPARTMENT GENERAL ORDER - NUMBER 1.06 -		DISTRIBUTION ALL PERSONNEL	PAGE 1 OF 8
ORDER TITLE DEALING WITH PERSONS WITH MENTAL ILLNESS	SERIES NO. 1	SERIES TITLE / SUBJECT LAW ENFORCEMENT OPERATIONS	
TOPICS / REFERENCE Disturbed Persons, Emotional Persons, Mental Health, Mental Illness		APPENDICES A, B	
EFFECTIVE / ORIGINAL ISSUE DATE April 22, 2005	REVISION / REISSUE DATE June 7, 2010	EXPIRATION DATE This order remains in effect until revised or rescinded	
CALEA (5th Edition Standards) 1.1.3 • 41.2.7			

POLICY

The need to assess the mental state and intention of individuals is a routine requirement of officers performing enforcement and investigative functions. This same need also applies to those civilian personnel involved in various aspects of support services. Dealing with individuals in enforcement situations who are known or suspected to have mental/emotional illness carries the potential for violence, requires personnel to make difficult judgments about the mental state of the individual and requires special skills to effectively and legally deal with the person to avoid unnecessary violence and violations of civil rights. It is the policy of the Rockford Police Department that personnel will afford people who have mental/emotional illness the same rights, dignity and access to police and other government and community services as are provided to all citizens.

PURPOSE

The purpose of this General Order is to provide all personnel guidelines for dealing with persons suspected of having mental/emotional illness.

This General Order is comprised of the following numbered sections:

- I. DEFINITIONS
- II. RECOGNIZING ABNORMAL BEHAVIOR
- III. DETERMINING DANGER
- IV. DEALING WITH MENTAL/EMOTIONAL ILLNESS
- V. INTERVIEW AND INTERROGATION
- VI. TAKING CUSTODY OR MAKING REFERRALS
- VII. TRAINING
- VIII. EFFECTIVE DATE
- IX. REVIEWS, REVISIONS AND CANCELLATIONS

APPENDICES

- A. 405 ILCS 5/3-606, 405 ILCS 5/3-601 and 405 ILCS 5/6-103(d)
- B. Sample MHDD Form 5

I. DEFINITIONS

- A. **Delusions:** False beliefs that are deeply entrenched and clearly not based in reality and are not consistent with cultural beliefs or the person's level of intelligence and life experiences. Persons clinging to these beliefs even after the beliefs are shown to be false.
- B. **Dementia:** A group of symptoms (two or more) involving progressive impairment of brain function, including but not limited to language, memory, visual-spatial perception, emotional behavior, and cognitive skills.
- C. **Emotional Disturbance:** Milder anxiety, depression or other mood disorders that may or may not be situational in nature.
- D. **Hallucination:** False auditory, olfactory, visual or tactile perceptions or unreal apparitions, that do not correspond to the stimuli that are present and have no basis in reality. Hallucinations in one culture may not be in another (they may be considered visions or conversations with a higher being, e.g. God).
- E. **Illusions:** Auditory, olfactory, visual or tactile perceptions that correspond to the stimuli present and may only be a trick of the eye, such as a mirage.
- F. **Involuntary Admission Petition:** When a person is asserted to be subject to involuntary admission and is in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to the director of a mental health facility in the county where the respondent resides or is present. The petition may be prepared by the director of the facility. **(405 ILCS 5/3-601)**
- G. **Mental Health Facility:** Any private hospital, institution or facility or section thereof operated by the 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. **(405 ILCS 5/1-114)**
- H. **Mental Illness:** A mental or emotional disorder that substantially impairs a person's thought, perception or reality, emotional process, judgement, behavior or ability to cope with the ordinary demands of life. It does not include a developmental disability, dementia or Alzheimer's disease absent of psychosis, a substance abuse disorder or an abnormality manifested only by repeated criminal or otherwise anti-social conduct. **(405 ILCS 5/1-129)**
- I. **Persons Subjected to Involuntary Admission:** A person with mental illness and who, because of his/her illness, is reasonably expected to inflict serious physical harm upon himself/herself or another in the near future which may include: threatening behavior or conduct that places another individual in reasonable expectation of being harmed; or a person who, because of his/her illness, is unable to provide for his/her basic physical needs so as to guard himself/herself from

serious physical harm without the assistance of family or outside help. (405 ILCS 5/1-119)

- J. Psychosis:** A loss of contact with reality, typically including delusions and hallucinations.

I. RECOGNIZING ABNORMAL BEHAVIOR

- A.** Mental illness is difficult for even the trained professional to diagnose under controlled circumstances. For law enforcement personnel who often confront such individuals in enforcement settings where other aggravating factors generally come into play, the task is very complex and often uncontrolled. The following are generalized signs and symptoms of behavior that may suggest mental illness, but do not rule out the potential for other causes of behavior such as reactions to alcohol or narcotics, or temporary emotional disturbances that are situationally motivated. Behavior should be judged by the totality of the circumstances when making judgments about an individual's mental state and need for intervention absent of the commission of a crime.

1. **Reaction:** Persons with mental/emotional illness may show signs of strong and unrelenting fear of persons, places, or things. A fear of crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.
2. **Behavior:** An individual who demonstrates extreme inappropriate behavior for a given situation may be emotionally ill. For example, a motorist who vents his frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
3. **Rigidity/Inflexibility:** Persons with mental/emotional illness may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
4. **Other characteristics:** Persons with mental illness may exhibit one or more of the following:
 - a. Delusions of grandeur (I am Christ) or paranoid delusions (everyone is out to get me);
 - b. Hallucinations of any of the five senses (hearing voices, feeling one's skin crawl, smelling strange odors, etc.). Alcohol or drugs can also induce hallucinations;
 - c. False or highly unlikely physical maladies such as believing that one's heart has stopped beating for an extended period of time;
 - d. Extreme fright, confusion, or depression.

- B.** Officers should not confuse mental illness with abnormal behavior that is the product of other physical afflictions. These include the following:

1. **Developmental Disabilities:** Developmental Disabilities refer to subnormal intellectual capacity and deficiencies in a person's ability to deal effectively with social conventions and interaction. Usually does not engage in violent behavior without the types of provocations that may initiate violence in any person;

2. **Cerebral Palsy:** Persons suffering from cerebral palsy exhibit motor dysfunction that may, at first glance, be confused with some characteristics of either the developmentally disabled or persons with mental illness. These include awkwardness in walking, involuntary and uncontrollable movements, seizures and problems in speech and communication;
3. **Autism:** Persons with autism often engage in compulsive behavior or repetitive and peculiar body movements. They can become very distressed over minor changes in their environment. Such persons may also appear developmentally disabled in some areas, but highly capable or even gifted in others.

II. DETERMINING DANGER

- A. Many persons with mental/emotional illness are dangerous while some may represent danger only under certain circumstances or conditions. Officers may use several indicators to determine whether a person with mental/emotional illness represents an immediate or potential danger to themselves, the officer, or others. These include the following:
 1. The availability of weapons to the subject;
 2. Statements by the subject that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendoes to direct threats that, when combined with other information, present a more complete potential for violence;
 3. A personal history that reflects prior violence under similar or related circumstances. The disturbed person's history may be known to the officer, family, friend, or neighbors who may be able to provide helpful information;
 4. Failure of the disturbed individual to act prior to arrival of the officer does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger;
 5. The amount of control the subject demonstrates is significant, particularly the amount of physical control of emotions of rage, anger, fright, or agitation. Signs of lack of control may include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone or offering frantic assurances that one is all right, may suggest that the subject is close to losing control;
 6. The instability of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the subject or a particular environment, which may incite violence, should be taken into account.

III. DEALING WITH MENTAL/EMOTIONAL ILLNESS

- A. Police response to the person with mental/emotional illness is determined to some degree by the manner in which the contact is initiated. Due to the unpredictable

nature of many persons with mental/emotional illness, officers must remain particularly conscious of their own safety and the safety of others.

B. When an officer encounters a person with a mental/emotional illness that may be a potential threat to themselves, the officer, or any other person, who may require other law enforcement intervention for humanitarian reasons, the following responses may be taken:

1. Request a back up officer, especially in cases where the individual will be taken into custody;
2. Request that an on duty member of the Department's Crisis Intervention Team (CIT) respond to the scene if available;
 - a. An updated call back list of CIT trained members is maintained in the Shift Commander's Office.
3. Take steps to survey the situation and the scene for indications of violence, medication containers, weapons, objects or persons who are the focus of the subject's attention or anger, or any other environmental conditions causing distress to the subject;
4. Begin to calm the situation by asking back up units to turn off lights or sirens, disperse crowds, and assume a quiet non-threatening manner as you approach or converse with the subject;
5. Officers may need to assume a physically defensive posture when approaching the subject while at the same time attempting to build rapport;
6. Provide reassurance that the police are there to help;
7. Communicate with the subject in an attempt to determine what is bothering them. Relate your concern for their feelings and allow them to express their feelings;
8. Avoid making threats of arrest or threats to the subject themselves, as this could increase additional fright, stress and potential aggression;
9. Avoid topics that tend to agitate the subject and guide the conversation toward topics that help bring the individual back to reality;
10. Always attempt to be truthful with the subject. If the subject becomes aware of your deception, they may withdraw from the contact or even strike out in anger.

C. While the person with mental/emotional illness may not be in command of their behavior at all times, they do not necessarily lack intellectual abilities or insight. They may be provoked by demeaning, condescending, arrogant, or contemptuous attitudes of others, including police officers.

V. INTERVIEW AND INTERROGATION

A. Officers will afford every individual investigated, interviewed or interrogated their constitutional rights. An individual's rights are not diminished because of their mental illness.

- B. When possible, the individual should be interviewed in a calm setting, free from distraction. Officers should ensure the person has access to water, food and restroom facilities.
- C. The admissibility of a suspect's statement will depend on evidence that they understood their rights and understood and answered the questions willingly.
- D. When administering the Miranda warnings, officers should make every effort to determine the extent to which the individual's illness, impairs their ability to comprehend and give informed consent. Medications taken to treat mental illnesses may also impair comprehension and ability to give informed consent.
- E. When officers doubt an individual's capacity to understand their rights, they shall ask the individual to explain each of the Miranda warnings in their own words and make a record of the individual's explanations. If the officer believes that the individual does not have an understanding of their rights, questioning of the individual related to the criminal investigation should cease.

VI. TAKING CUSTODY OR MAKING REFERRALS

- A. Based on the overall circumstances of the situation, applicable state law (**405 ILCS 5/3-606** and **5/3-601**, see **Appendix A**), and Department policy, an officer may take one of several courses of action when dealing with an individual who is suspected of having mental/emotional illness. These options generally fall into one of four response categories.
 - 1. Counsel and/or referral when a criminal offense or violence is not involved and there are not sufficient grounds for taking the person into custody for their protection or the protection of others. It is often best to make mental health referrals or provide some basic guidance on behalf of the individual. Information may be provided directly to the individual or with their family, friends or other support systems, if available and present.
 - 2. If time permits, request the assistance of professional personnel or a trained crisis intervention specialist who may be better able to provide guidance and suggestions to officers, the subject, and the subject's family or friends. If Department Crisis Intervention Team specialists are available they may come to the scene with a supervisor's approval. The subject may have an assigned caseworker through any number of organizations whose practice may be to allow caseworkers to come in person to a scene or speak with the subject via telephone. The subject may also voluntarily agree to be transported to a mental health facility. Officers will provide transportation in such cases or in cases where requested to do so by Janet Wattles Center staff.
 - 3. A peace officer may take a person into custody and transport them to a mental health facility on an involuntary basis based on Illinois Statute (**405 ILCS 5/3-606**). Once a decision has been made to take a subject into custody, do it as soon as possible to avoid prolonging a potentially volatile situation. Remove any dangerous weapons from the immediate area, and restrain the subject if necessary. **NOTE:** Using restraints on a person with mental/emotional illness can aggravate their aggression, therefore, officers should take necessary measures to protect their own safety.

- a. If an ambulance is used all necessary medical protocols will be followed. Medical personnel must approve any deviations from protocol.
 4. Arrest is an option that may be used by itself or in combination with involuntary commitment. When a felony or serious offense is involved officers will normally make the arrest and rely on supervisory personnel to determine whether an involuntary mental examination is warranted. The involuntary examination or treatment may also be ordered by the courts in dealing with the subject after the arrest.
- B.** When a person is involuntarily taken into custody for mental health treatment under Illinois statute, but not under arrest, that person will be transported according to the following:
1. During working hours, Monday through Thursday from 8:30 AM until 7:00 PM, and Friday 8:30 AM until 6:00 PM, the subject will generally be transported to Janet Wattles Center, 526 West State Street, for assessment.
 2. Outside of hours shown above the assessment will most generally take place in the emergency room of any of the three hospitals in Rockford. The subject will be transported to the emergency room closest to the scene.
 3. If the subject is intoxicated, the officer will have the 911 Communications Center call the on-duty Janet Wattles counselor at 815-968-9300 as soon as practical. Upon arrival at the hospital the officer will immediately meet with the on-duty counselor, advise them of the pertinent facts, and leave the subject with hospital security.
- C.** In **all** cases where an officer of the Rockford Police Department places a subject into custody for an involuntary admission, the Petition for Involuntary/Judicial Admission (**MHDD Form 5**) will be completed per **405 ILCS 5/3-601**. Failure to complete the MHDD Form 5 may result in cases being dismissed. See **Appendix B** for guidance on how to properly fill out the MHDD Form 5.
- D.** In cases of voluntary admission, officers should check with attending hospital staff regarding the completion of the MHDD Form 5. The hospital staff may prefer the officer to complete the MHDD Form 5 in cases where the where the officer has sufficient basis to do so. This can at times, ensure the treatment of subjects, who may otherwise change their minds regarding treatment.
- E.** For numerous reasons, the transportation of subjects with mental illness by officers of this Department has been a confusing and troublesome issue.
1. Officers of this Department are directed to assist in the delivery of services to persons suspected of having mental/emotional illness by providing transportation to an appropriate treatment facility whenever requested to do so by staff of the Janet Wattles Center (i.e., a staff member requests transport of a person from their home to Janet Wattles Center or to an emergency room from Janet Wattles Center for assessment).
 2. The Sheriff's Department is responsible for the transport from the treatment center to Singer Mental Health Center.

3. In most of the circumstances where personnel of Janet Wattles Center are making a request for transportation from their facility to a hospital, the counselor will have filled out the MHDD Form 5 on the subject and the officer would not have to fill out a second MHDD Form 5 at the hospital.
- E. As stated in **405 ILCS 5/6-103(d)** (see **Appendix A**), officer's acting in good faith in rendering assistance or otherwise enforcing the Mental Health and Developmental Disabilities Code are provided limited civil liability.

VII. TRAINING

- A. Newly hired personnel, sworn and civilian, will receive documented training in procedures set forth in this order.
- B. Refresher training for all Rockford Police Department personnel will be conducted and reviewed at least every three (3) years.
- C. Janet Wattles Center and the National Alliance for the Mentally Ill (NAMI) will partner to provide this training, which will consist of the following:
1. Identifying a mental/emotional illness.
 2. How to handle persons suspected of having mental/emotional illness.
 3. How to diffuse a crisis with a person suspected of having mental/emotional illness.

VIII. EFFECTIVE DATE

- A. This policy became effective on April 22, 2005.

IX. REVIEWS, REVISIONS AND CANCELLATIONS

- A. This General Order will be reviewed each **July** by the **Supervisor of Training and Personnel Unit** and, when necessary, revised or cancelled in accordance with the procedures for reviewing written directives established in General Order **10.01 – Written Directives**.
- B. This order is a revision of and supercedes General Order **1.06 - Dealing with Persons with Mental Illness** issued April 22, 2005.
- C. Any employee with suggestions for revisions and/or improvements to this order are encouraged to submit their ideas to the **Deputy Chief of the Administrative Services Bureau**.

BY ORDER OF

Chet Epperson
Chief of Police

APPENDIX A

(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 that 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.

(405 ILCS 5/3-601)

- (a) When a person is asserted to be subject to involuntary admission and in such a condition that immediate hospitalization is necessary for the protection of such person or others from physical harm, any person 18 years of age or older may present a petition to the facility director of a mental health facility in the county where the respondent resides or is present. The petition may be prepared by the facility director of the facility.
- (b) The petition shall include all of the following:
 - 1. A detailed statement of the reason for the assertion that the respondent is subject to involuntary admission, including the signs and symptoms of a mental illness and a description of any acts, threats or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence.
 - 2. The name and address of the spouse, parent, guardian, substitute decision maker, if any, and close relative or if none, the name and address of any known friend of the respondent whom the petitioner has reason to believe may know or have any of the other names or addresses. If the petitioner is unable to supply any such names and addresses, the petitioner shall state that diligent inquiry was made to learn this information and specify the steps taken.
 - 3. The petitioner's relationship to the respondent and a statement as to whether the petitioner has legal or financial interest in the matter or is involved in litigation with the respondent. If the petitioner has legal or financial interest in the matter or is involved in litigation with the respondent, a statement of why the petitioner believes it would not be practicable or possible for someone else to be the petitioner.
 - 4. The names, addresses and phone numbers of the witnesses by which the facts asserted may be proved.

(405 ILCS 5/6-103(d)) – An act of omission or commission by a peace officer acting in good faith in rendering emergency assistance or otherwise enforcing this Code does not impose civil liability on the peace officer or his or her supervisor or employer unless the act is a result of willful or wanton misconduct.

APPENDIX B

The attached document is a sample of a completed involuntary petition (MHDD Form 5) signed and completed by a concerned person. The petition should be completed and signed as the example shows. It is very important to use layman's language and explain why the officer feels the person needs to be examined by a mental health professional.

If any part of the petition is left unsigned, the case will be dismissed from court.

PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

STATE OF ILLINOIS

CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY

IN THE MATTER OF

)
) Docket No. _____
)
)
)
)

_____)
John Doe)
_____)
(name of individual))

Who is asserted to be a person subject to _____ admission to a facility and for whom this petition
(Judicial/Involuntary)

is being initiated by reason of: (Check all that apply)

- emergency admission by certificate; (405 ILCS 5/3-600)
- admission by court order; (405 ILCS 5/3-700)
- voluntary admittee submitted written notice of desire to be discharged; (405 ILCS 5/3-403)
- voluntary admittee failed to reaffirm a desire to continue treatment; (405 ILCS 5/3-404)
- person continues to be subject to involuntary admission; (405 ILCS 5/3-813)
- emergency admission of the mentally retarded; (405 ILCS 5/4-400)
- judicial admission of the mentally retarded (405 ILCS 5/4-500)
- developmentally disabled client or an interested person on behalf of a client submitted written objection to admission; (405 ILCS 5/4-306)
- administrative client; (or person who executed application) failed to authorize continued residence; (405 ILCS 5/4-310); and
- client continues to meet standard judicial admission. (405 ILCS 5/4-811)

Police officers should Check Boxes 1,2 or 3, Never 4, and Always 5

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

This Box



a person with mental illness and who because of his or her illness is reasonably expected to engage in *dangerous conduct which may include threatening behavior or conduct that places that person or another individual in reasonable expectation of being harmed;

Or This Box



a person with mental illness and 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 outside help; or

Or This Box



a person with mental illness who, because of the nature of his or her illness, is unable to understand his or her need for treatment and who, if not treated, is reasonably expected to suffer or continue to suffer mental deterioration or emotional deterioration, or both, to the point that the person is reasonably expected to engage in dangerous conduct;

Never



an individual who is mentally retarded and is reasonably expected to inflict serious physical harm upon himself or herself or others in the near future; and/or

Always



in need of immediate hospitalization for the prevention of such harm.

I base the foregoing assertion on the following (provide a detailed statement including a description of the signs and symptoms of a mental illness and of any, acts, threats, or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence. Additional page(s) may be attached as necessary).

I was called to John's home because his girlfriend called the police after a phone call from him saying he was going to kill himself by overdosing on pills. Officers arrived and found John at his kitchen table surrounded by 6 bottles of pills which John stated he was going to take.

↑
State Specific Method

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

Jane Smith (girlfriend) 555-1111

* Some Hospitals prefer that officers have witnesses respond to the hospital to speak with attending physicians and/or caseworkers

- 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:

* Dangerous conduct means threatening behavior or conduct that places another individual in reasonable expectation of being harmed, or a person's inability to provide, without the assistance of family or outside help, for his or her basic physical needs so as to guard himself or herself from serious harm.

Do Not Check This Box!!!

No certificate was attached with this petition because no petition was presented to the facility director because no physician, qualified examiner, or clinical psychologist was immediately available or it was impossible after diligent effort to obtain a certificate. However:

1. I believe, as a result of my personal observation, that the respondent is subject to involuntary admission;
2. a diligent effort was made to obtain a certificate;
3. no physician, qualified examiner or clinical psychologist could be found who has examined or could examine the respondent; and
4. 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.

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 page(s) may be attached as necessary):

Officer(s) should make an attempt to locate a relative or friend - if none located - document how you tried.

-Jane Smith, 123 Any Street, 555-1111

-Attempted to contact John's mother but phone# is unknown and John refused to provide any other information.

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

No 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: Officer John Q. Public Badge Number: #007

Employer: Rockford Police Department

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: 07-20-10

Signed: John Q. Public

Time: 1321 Hours

Printed Name: Officer John Q. Public #007

Relationship to Respondent: _____

Address: Rockford Police Department

Telephone Number: 815-987-5824

Do Not Write Below This Line

Within 12 hours of admission to the facility under this status I gave the respondent a copy of this Petition (MHDD-5). 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 (MHDD-1) and explained those rights to him or her (405 ILCS 5/3-609).

Date: _____

Signed: _____

Time: _____

Printed Name: _____

(MHDD-5)
IL 482-2005 (R-6-08)

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 (mentally retarded) 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 (mentally retarded) 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 in 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 WHICH CONSISTS OF THREE DIVISIONS: LEGAL ADVOCACY SERVICES, HUMAN RIGHTS AUTHORITY AND THE OFFICE OF THE STATE GUARDIAN. THE COMMISSION IS LOCATED AT:

Egyptian Regional Office
#7 Cottage Drive
Anna, Illinois 62908
618/633-4897

East Central Regional Office
423 South Murray Road
Rantoul, Illinois 61866-2125
217/892-4611

North Suburban Regional Office
9511 Harrison Avenue, FA101
Des Plaines, Illinois 60018
847/294-4264

Metro East Regional Office
Pine Cottage
4500 College Avenue
Alton, Illinois 62002
618/462-4561

Peoria Regional Office
5407 North University, Suite 7
Peoria, Illinois 61614
309/693-5001

Rockford Regional Office
4302 North Main Street
Rockford, Illinois 61103
815/987-7657

West Suburban Regional Office
P.O. Box 7009
Hines, Illinois 60141-7009
708/338-7500

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:

Northeastern Regional Office
20 N. Michigan, Ste 300
Chicago, IL 60602
800/537-2632 or 312/341-0022
TTY: 800/610-2779 Se habla español

West/Central Region
235 S. 5th Street
PO Box 27B
Springfield, IL 62701
800/758-0464 (Voice/TTY) 217/544-0464

Northwestern Region
1612 Second Avenue
PO Box 3753
Rock Island, IL 61204
800/758-6869 (Voice/TTY) 309/766-8868

Website: www.equipforequality.org

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

English Spanish Other Specify language: _____ on _____
Time: _____

Signature: _____

Title: _____

Printed Name: _____

(MHDD-5)
IL 462-2005 (R-6-08)

