CIVIL DISTRICT COURT

FOR THE PARISH OF ORLEANS

 STATE OF LOUISIANA

DOCKET NO. SECTION L

IN RE: NAME OF RESPONDENT

FILED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPUTY CLERK

**PETITION** **FOR CIVIL INVOLUNTARY OUTPATIENT TREATMENT PURSUANT TO LSA R.S. 28:66 ET SEQ AND REQUEST FOR PSYCHIATRIC EVALUATION**

The petition of \_\_\_\_\_\_\_\_ (petitioner), a person of the full age of majority and a resident of Orleans Parish, represents that:

1.

\_\_\_\_\_\_\_\_\_\_\_ (respondent), named respondent herein, is present in the parish of Orleans, currently residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address) and in need of ASSISTED OUTPATIENT TREATMENT pursuant to LSA-R.S. §28:66 *et seq*. Pursuant to La. R.S. §28:68(B), \_\_\_\_\_\_\_\_\_\_\_\_\_ (respondent) is a \_\_\_\_\_\_\_\_\_\_(race/gender\_. His/Her date of birth is \_\_\_\_\_\_\_\_\_(mo/day/yr). His/Her social security number is \_\_\_\_\_\_\_\_\_\_\_\_\_.

2.

Respondent meets the criteria for ASSISTIVE OUTPATIENT TREATMENT in that he/she:

1. Is 18 years of age or older.
2. Is suffering from a mental illness.
3. Is unlikely to survive safely in the community without supervision.
4. Has a history of lack of compliance with treatment for mental illness.
5. Is, because of their mental illness, unlikely to voluntarily participate in treatment.
6. Is in need of involuntary outpatient treatment to prevent a relapse or deterioration which would be likely to result in the respondent’s becoming dangerous to self or others or gravely disabled as defined in R.S. 28:2.
7. Is likely to benefit from involuntary outpatient treatment.

\_\_\_\_ Respondent has executed an advance mental health directive, see attached.

\_\_X\_\_ Respondent has not presently executed an advance mental health directive.

3.

Respondent, because of his/her condition, is unable or unwilling to seek voluntary admission for treatment.

4.

Pursuant to La. R.S. §28:68 & 69, petitioner requests the Court appoint a physician, psychiatric mental health nurse practitioner, or medical psychologist, licensed to practice in the state of Louisiana, to examine Respondent and make a written report or affidavit to the Court and Respondent’s attorney on the form provided by the Office of Human Services, Department of Health and Hospitals, or such other form as used by the examining doctor.

In support of probable cause, petitioner has attached relevant medical records and asserts the following:

All the above, together with other facts to be submitted at the hearing on the matter causes petitioner to assert her belief that the respondent is suffering from mental illness or substance abuse, or both, which contributes to or causes Respondent to meet the criteria for

ASSISTIVE OUTPATIENT TREATMENT. Previous reports, if any, are attached.

6.

Respondent is not believed to be represented by an attorney and must be advised of his/her right to represent his/herself, his/her right to an attorney, and his/her right to have this Court appoint an attorney from Mental Health Advocacy Services to represent the respondent in these proceedings if he so chooses pursuant to LSA R.S. 28:69(A).

 WHEREFORE, Petitioner prays that:

1. This petition be served upon Respondent, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (respondent), providing him/her with notice and knowledge relevant to the nature of the proceeding.
2. A hearing be set within eighteen (18) days of the filing of this petition.
3. The Court appoint a physician to examine the Respondent and report his/her findings to the Court.
4. The Court appoint the Mental Health Advocacy Service to represent Respondent at the hearing; and
5. After due proceedings are conducted, Respondent be ordered to comply with all treatment directives ordered by this Court, subject to contempt, as outlined in any treatment plan submitted to and approved by this Court. If requested the Court may also order the continued confinement of the Respondent at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (treatment or detention facility) until the hearing of the matter is conducted.

Respectfully Submitted,

**By: Law Firm**

 **Name: \_\_\_\_\_ Bar Roll No.: \_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Attorney for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE SERVE:

1. Respondent, \_\_\_\_\_\_\_\_\_\_\_\_\_ (respondent’s name)

(Respondent address:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Counsel appointed to represent respondent.

3. Physician appointed by the Court to examine respondent.

4. Director of the Local Governing Entity in Orleans Parish

CIVIL DISTRICT COURT

FOR THE PARISH OF ORLEANS

 STATE OF LOUISIANA

DOCKET NO. SECTION L

 IN RE \_\_\_\_\_\_\_\_\_\_\_\_\_(respondent)

FILED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPUTY CLERK

**ORDER**

 Considering the foregoing petition and supporting documents, the Court being of the opinion that there exists probable cause that the Respondent is mentally ill, and that Respondent is a danger to himself/herself and/or others and/or is gravely disabled.

 IT IS ORDERED that (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.D., a physician duly licensed to practice medicine in the State of Louisiana, be and hereby appointed to examine Respondent and to report his findings in writing to this court.

 IT IS FURTHER ORDERED that an attorney from the Mental Health Advocacy Service be and hereby appointed to represent the Respondent herein.

 IT IS FURTHER ORDERED that this matter be set for hearing on \_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_ day of (month, year) \_\_\_\_\_\_\_, \_\_\_\_\_\_\_ at \_\_\_:00 \_\_\_.m., Civil District court, Division L, 421 Loyola Avenue, New Orleans, Louisiana 70112; and

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

JUDGE KERN A. REESE

PLEASE SERVE:

**Physician**

(Name)

(Address Line 1)

(Address Line 2)

(City, State, Zip Code)

**Defendant/Respondent**

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

Address line 1

Address line 2

City, State, Zip Code

**Director of the Local Governing** **Entity**

Dr. Rochelle L. Head-Dunham, MD

Metropolitan Human Services District

3100 General De Gaulle Drive

New Orleans, LA 70114

**Attorney for Respondent**

Gerald Issokson

MENTAL HEALTH ADVOCACY SERVICES

1450 Poydras Street, Suite 1105

New Orleans, Louisiana 70112

**IN RE: RESPONDENT CIVIL DISTRICT COURT**

**NUMBER: AOT- PARISH OF ORLEANS**

**DIVISION: L STATE OF LOUISIANA**

**FILED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DEPUTY CLERK**

**AFFIDAVIT OF PETITIONER**

STATE OF LOUISIANA

PARISH OF ORLEANS

 **BEFORE ME**, the undersigned authority, personally came and appeared:

**NAME: PETITIONER**

who, after being duly sworn, did depose and state:

1. That she is the mover in the foregoing Petition for Civil Involuntary Outpatient Treatment.
2. That she has carefully read and reviewed same.
3. That all the facts contained in the attached Petition for Civil Involuntary Outpatient Treatment are true and correct, to the best of his/her knowledge, information, and belief.
4. That she has read the above and foregoing affidavit and avers the same is true and correct to the best of his/her information, knowledge, and belief under penalty of law.

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

 **NAME**

Sworn to and subscribed before me

this \_\_\_\_ day of (month, year) \_\_\_\_\_\_, \_\_\_\_\_\_.

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

**Name: Attorney**

**Bar Roll No.: \_\_\_\_\_\_**