

STATE OF MAINE  
APPLICATION TO DISTRICT COURT FOR AN ORDER OF ADMISSION  
TO THE PROGRESSIVE TREATMENT PROGRAM

TO THE DISTRICT COURT, District \_\_\_\_\_, Division of \_\_\_\_\_, County of \_\_\_\_\_ and State of Maine:

1. Application is made pursuant to 34-B M.R.S.A. § 3873-A for a hearing to determine whether \_\_\_\_\_ (the "proposed client"), whose current mailing address is \_\_\_\_\_, shall be ordered admitted to the progressive treatment program.
2. The basis for seeking an order admitting this proposed client to the progressive treatment program is as follows:
  - A. The proposed client suffers from a severe and persistent mental illness;
  - B. The proposed client poses a likelihood of serious harm;
  - C. The proposed client has a suitable individualized treatment plan;
  - D. Community resources are available to support the plan;
  - E. The proposed client is unlikely to follow the plan voluntarily;
  - F. Court-ordered compliance will help to protect the proposed client from interruptions in treatment, relapses, or deterioration of mental health; and
  - G. Compliance will enable to proposed client to survive more safely in the community without posing a likelihood of serious harm.
3. The Applicant requests that the District Court:
  - A. Cause written notice of hearing to be mailed within two days to
    - i. the proposed client;
    - ii. the applicant;
    - iii. the proposed client's guardian, if any. Notice to the guardian may be sent to \_\_\_\_\_ [or "N/A"] at the following address \_\_\_\_\_; and
    - iv. the proposed client's spouse, parent, adult child, next of kin or friend [circle one]. Notice may be sent to \_\_\_\_\_ at the following address \_\_\_\_\_.
  - B. At least three days after this application is filed, appoint legal counsel for the proposed client, if the proposed client is not represented by counsel;
  - C. At least three days after this application is filed, cause the proposed client to be examined by a licensed physician, registered physician assistant, certified psychiatric clinical nurse specialist, certified nurse practitioner or licensed clinical psychologist; and
  - D. Schedule a hearing to be held not later than fourteen days from the date of this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title

- State Hospital superintendent or designee  
 Hospital CAO or designee  
 ACT team director or designee  
 DHHS Commissioner or designee  
(check one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
[legibly printed name and address of applicant]

**INSTRUCTIONS ON NEXT PAGE**

## INSTRUCTIONS

Line 3 (A) (iii) – If the proposed client has no guardian, write “N/A.”

Line 3 (A) (iii) – Notice information to be provided to the court must be for the proposed client’s spouse, parent, or adult child, or, if none of these relatives is known or can be located, for next of kin or a friend. The applicant should circle the applicable description to specify the relationship to the proposed client of the person to whom the court is being asked to send notice. If the applicant believes that notice to any individual would pose a risk of harm to the proposed client, notice to that individual may not be given, and a notation to that effect should be made in the margin.

Limitation – Admission to an ACT team under the Progressive Treatment Program may only be to a team that was in existence on April 14, 2010.