

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
P E N N S Y L V A N I A  
JUVENILE DIVISION – LAW**

**In the Interest of:**

\_\_\_\_\_, a minor :

**By the Minor’s Parent(s)/Guardian(s),**

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

**Relationship to the Minor:**

\_\_\_\_\_

**Type of Pleading:**

Act 53 Petition

**Filing Party’s Information (Your Name):**

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

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

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

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

**2<sup>nd</sup> Filing Party’s Information (Your Name):**

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

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

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

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
P E N N S Y L V A N I A  
JUVENILE DIVISION – LAW**

**In the Interest of:** \_\_\_\_\_ :  
\_\_\_\_\_ :  
\_\_\_\_\_, a minor :  
**By the Minor's Parent(s)/Guardian(s),** \_\_\_\_\_ : **No.** \_\_\_\_\_  
\_\_\_\_\_ :  
\_\_\_\_\_ :  
**Relationship to the Minor:** \_\_\_\_\_ :  
\_\_\_\_\_ :

**ACT 53 PETITION FOR INVOLUNTARY TREATMENT/COMMITMENT OF A MINOR**

1a. Petitioner is \_\_\_\_\_ (*print name*), and is the  
(*circle one*) mother / father / legal guardian of the minor child (*print minor's name*) \_\_\_\_\_  
\_\_\_\_\_.

1b. 2<sup>nd</sup> Petitioner is \_\_\_\_\_ (*print name*), and is the  
(*circle one*) mother / father / legal guardian of the minor child (*print minor's name*) \_\_\_\_\_  
\_\_\_\_\_.

2a. Petitioner currently resides at (*print full address*): \_\_\_\_\_  
\_\_\_\_\_, Pennsylvania.

2b. 2<sup>nd</sup> Petitioner currently resides at (*print full address*): \_\_\_\_\_  
\_\_\_\_\_, Pennsylvania.

3a. Petitioner's phone number is \_\_\_\_\_ and  
email is \_\_\_\_\_.

3b. 2<sup>nd</sup> Petitioner's phone number is \_\_\_\_\_ and  
email is \_\_\_\_\_.

4. The minor, \_\_\_\_\_,  
currently resides with \_\_\_\_\_ (*print name(s)*)  
at (*print full address*): \_\_\_\_\_, PA  
pursuant to a custody agreement/order dated \_\_\_\_\_ (*insert date of agreement/order*).

5. The minor's phone number is \_\_\_\_\_.

6. The minor is \_\_\_\_\_ years of age. His/her birthdate is \_\_\_\_\_.  
The minor is in \_\_\_\_\_ grade and attends school at \_\_\_\_\_.

7. Previous efforts at treatment have included:

---

---

---

---

---

---

8. Said minor is a drug and/or alcohol dependent person and is incapable or unwilling to accept voluntary treatment services.

9. Involuntary treatment/commitment for treatment is necessary because:

*(Tell exactly why involuntary treatment/commitment is necessary)*

---

---

---

---

---

---

*(You may attach a second sheet if necessary.)*

10. Yes / No (*circle one*) The parent and/or legal guardian understands that he or she may be obligated for all expenses in connection with this matter, including court costs, counsel fees for the minor, and the cost of assessment and treatment services unless the Court finds that the parent or legal guardian is without financial resources. County agencies may assist parents in locating treatment facilities and coordinating insurance benefits for treatment.

WHEREFORE, Petitioner respectfully requests this Court to order involuntary drug and/or alcohol commitment for the aforementioned minor.

---

Petitioner's Signature

---

2<sup>nd</sup> Petitioner's Signature

**VERIFICATION**

I/We, \_\_\_\_\_, verify that the statements made in this Petition are true and correct. I/We understand that false statements herein are made subject to the penalties of 18 Pa. Cons. Stat. Ann 4904, relating to unsworn falsification to authorities which provides that if I/we knowingly make false averments, I/we may be subject to criminal penalties.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

Date: \_\_\_\_\_

\_\_\_\_\_  
2<sup>nd</sup> Petitioner