

STATE OF MAINE
CERTIFICATION OF APPLICANT
CONCERNING PROPOSED CLIENT'S RIGHTS (PTP)

I certify that the following has occurred in connection with the filing of the application to the District Court dated _____ for the admission of _____ (“proposed client”) to the Progressive Treatment Program.

1. The proposed client has been personally presented with a copy of the application (MH-PTP-1) and accompanying documents.
2. The proposed client has been notified in writing of the proposed client’s right to retain an attorney or to have an attorney appointed.
3. The proposed client has been informed of the proposed client’s right to select or to have the proposed client’s attorney select an independent examiner.
4. The proposed client has been informed or instructed in writing about how to contact the district court.
5. IF THE PROPOSED CLIENT HAS A GUARDIAN, the guardian has been notified in writing of the proposed client’s right to retain an attorney or to have an attorney appointed, of the proposed client’s right to select an independent examiner, and of how to contact the district court.

Comment

6. IF THE PROPOSED CLIENT HAS NO GUARDIAN, the proposed client’s next of kin (adult child, parent, sibling, grandparent, aunt or uncle) has been notified in writing of the proposed client’s right to retain an attorney or to have an attorney appointed, of the proposed client’s right to select an independent examiner, and of how to contact the district court.

Comment

Date

Signature

If designee, describe the basis of authority to sign:

Printed name and title

- State hospital superintendent or designee
 Psychiatric hospital CAO or designee
 ACT team director or designee
 DHHS Commissioner or designee
 Medical practitioner
 Law enforcement officer
 Proposed client’s guardian
(check one)

THIS IS A TWO-PAGE FORM WITH INSTRUCTIONS ON THE SECOND PAGE.

INSTRUCTIONS:

This document should be signed by the person who signs the application. This document, along with the Certification of the Medical Practitioner, must accompany the application to District Court.

Notification of guardian or next of kin is a state legal requirement and does not require client authorization.

If the proposed client has a guardian, item 5 applies and item 6 should be marked N/A.

If the proposed client does not have a guardian, then that fact should be noted in the comment section for item 5, and item 6 applies. In item 6, CIRCLE the kinship of the person who received notice. (Next of kin should be sought in the order listed – adult child first, then parent, etc.). If there is no known next of kin, that should be noted that in the comment section. A spouse is not a next of kin.

If the proposed client does not have a guardian and if the notice to next of kin would pose a risk of harm to the proposed client, then that information must be noted that in the comment section in item 6.

If a designee is signing on behalf of the applicant, the designee must include his or her title, and should note the delegation authority by which he or she is signing. This may be a memo or letter from the person who has delegated the authority, or hospital or other policy explaining the delegation.