

STATE OF ILLINOIS  
IN THE \_\_\_\_\_ JUDICIAL CIRCUIT  
\_\_\_\_\_ COUNTY

(Rev. 4/3/17)

IN THE MATTER OF:

)  
)  
)

DOCKET NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**ORDER FOR ADMINISTRATION OF AUTHORIZED INVOLUNTARY TREATMENT**  
**(MEDICATION)**

THIS MATTER COMING TO BE HEARD ON THE PETITION OF \_\_\_\_\_ (Petitioner)  
FOR THE ADMINISTRATION OF AUTHORIZED INVOLUNTARY MEDICATION OF  
\_\_\_\_\_ (Respondent), AND:

- The Petitioner is PRESENT in court.
- The Petitioner is NOT PRESENT in court.
- The Respondent is PRESENT in court.
- The Respondent is NOT PRESENT in court and his/her presence is waived by counsel.
- Notice of this hearing has been provided to the Respondent and all relevant persons pursuant to 405 ILCS 5/2-107.1.

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**AFTER A HEARING, THE COURT FINDS BY CLEAR AND CONVINCING EVIDENCE THAT:**

- THE RESPONDENT IS SUBJECT TO THE ADMINISTRATION OF AUTHORIZED INVOLUNTARY MEDICATION, DUE TO THE FOLLOWING:**
  1. The Respondent has a serious mental illness/developmental disability; and
  2. The Respondent currently exhibits any one of the following (check all that apply):
    - deterioration of his or her ability to function, as compared to the Respondent's ability to function prior to the current onset of symptoms of the mental illness or developmental disability for which treatment is presently sought, or
    - suffering, or
    - threatening behavior; and
  3. The illness or disability has existed for a period marked by the continuing presence of such symptoms set forth in item number 2 above or the repeated episodic occurrence of these symptoms; and
  4. The benefits of the treatment outweigh the harm; and
  5. The Respondent has been advised in writing of the benefits, side effects and risks of the treatment and of the alternatives to the proposed treatment; and

- 6. The Respondent lacks the capacity to make a reasoned decision about the treatment; and
- 7. Other less restrictive services were explored and found inappropriate; and
- 8. The testing and procedures set forth below are essential for the safe and effective administration of the treatment; and
- 9. A good faith attempt was made to determine whether the Respondent has executed a Power of Attorney for Health Care or a Declaration for Mental Health Treatment.
- 10. Other: \_\_\_\_\_  
\_\_\_\_\_

**FOR THE REASONS STATED IN OPEN COURT, THE RESPONDENT IS NOT SUBJECT TO THE ADMINISTRATION OF AUTHORIZED INVOLUNTARY MEDICATION.**

**THE COURT’S RULING IS BASED ON FINDINGS OF FACT AND CONCLUSIONS OF LAW AS STATED ON THE RECORD IN OPEN COURT.**

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**THEREFORE, IT IS HEREBY ORDERED:**

**THE PETITION IS GRANTED, AS FOLLOWS:**

- 1. Doctor \_\_\_\_\_ (or his/her designee) at \_\_\_\_\_ or a member of the clinical staff of that facility who is licensed to administer psychotropic medications pursuant to Illinois law is authorized to administer psychotropic medications as follows: (List all primary medications, delivery method, dosage range and frequency)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 2. Additionally, the following alternative medications may be administered: (List all alternative medications, delivery method, dosage range and frequency)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 3. Respondent shall also receive the following essential tests and procedures: (List all tests)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 4. This Order is in effect for a period not to exceed  90  180 days (405 ILCS 5/2-107.1(a-5)(5))
  - 5. This matter is continued to \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time) (Court Location)
- for (please specify): \_\_\_\_\_

**APPEAL RIGHTS GIVEN:**  In open court, Respondent present; or  To counsel, with instructions to advise the Respondent who was not present in court.

**IT IS HEREBY ORDERED THAT THE PETITION IS DENIED AND DISMISSED FOR THE REASONS STATED IN OPEN COURT.**

**DATED:** \_\_\_\_\_

**ENTER:** \_\_\_\_\_

**Judge #** \_\_\_\_\_

**APPROVED AS TO FORM:**

\_\_\_\_\_  
**ASSISTANT STATE'S ATTORNEY**

\_\_\_\_\_  
**ATTORNEY FOR THE RESPONDENT**

## NOTICE TO THE RESPONDENT AND OTHER PERSONS

### IF YOU ARE AFFECTED BY OR INTERESTED IN THIS ORDER, YOU SHOULD KNOW THAT:

1. **A FINAL ORDER MAY BE APPEALED.**  
The court must notify you (the Respondent) either directly or through your counsel of your right to appeal and, if you are indigent, of your right to have free transcripts and counsel. If you wish to appeal and cannot obtain counsel, counsel will be appointed for you pursuant to Section 3-816 of the Mental Health and Developmental Disabilities Code.
2. **AN ORDER FOR TREATMENT IS INITIALLY VALID FOR NO MORE THAN 90 DAYS. A SUBSEQUENT ORDER MAY BE ENTERED FOR AN ADDITIONAL PERIOD OF 90 DAYS.**  
Thereafter, an order may be valid for up to 180 days.
3. **RELATIVES OR FRIENDS MAY TRANSPORT YOU IF YOU HAVE BEEN ADMITTED BY ORDER.**  
The court may authorize a relative or friend to transport you to the appropriate facility if such person can do so safely and humanely.
4. **UNWILLINGNESS OR INABILITY OF YOUR PARENT, GUARDIAN, OR PERSON *IN LOCO PARENTIS* TO PROVIDE FOR YOUR CARE OR RESIDENCE IS NOT GROUNDS FOR THE COURT'S REFUSING TO ORDER DISCHARGE.**  
A petition may be filed under the Juvenile Court Act or Probate Act to ensure appropriate care and residence.
5. **THE COURT MAY MODIFY THIS ORDER IN THE FUTURE.**  
If your treatment needs change, or if the facility or program cannot meet your needs, upon petition or other proper method of review, the court may modify this order and enter a revised order based on the new circumstances.

### AT A MINIMUM, THESE PERSONS SHOULD RECEIVE THIS ORDER:

- (a) The Respondent;
- (b) The Respondent's attorney;
- (c) The director of the facility or program which will administer the treatment, if so ordered by the Court.