Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Division of Developmental Disabilities
REQUEST FOR PETITION FOR INSTRUCTIONS

This form is to be completed by the provider agency when it is necessary to petition the Court for substituted consent when a person with developmental disabilities, who is not competent to provide informed consent and does not have a relative to provide consent, requires an invasive medical or surgical procedure. This form **must be accompanied** by a signed Continuity of Care form or report from the physician recommending the procedure. **The completed form and required attachment should be mailed or faxed to the BHDDH Legal Office. The fax number is 462-2330.**

1. **Person's Name:** _____

2. **Person's D.O.B. & age:** _____

3. **Person's address (including name of Group Home) and telephone # :** _____

_____

4. **Provider Agency:** _____

5. **Name of the DDD Medical Director or DDD Psychologist who has examined or will examine the person to determine competency:**

   Name: _____ **Date of Exam:** _____

6. **Brief description of the procedure(s) that has been recommended:**

_____

7. **Name, address, telephone number, and fax number of the physician who will perform the procedure:**

_____

_____

_____

8. **Date on which the physician who will perform the procedure last examined the person:** _____

9. **Name, telephone number, and fax number of provider agency contact person:**

Name:_____ **Tel. #** _____ **Fax #** _____