

## MOTION FOR A MENTAL HEALTH ASSESSMENT (MHA)

### INSTRUCTION SHEET

**These instructions are meant to give you general information and not legal advice.**

A Motion for a Mental Health Assessment can be filed if you believe that the other party in the case has mental health problems that interfere with his or her ability to care for the child(ren) safely and appropriately.

If the other person has any of the following problems that will affect the child/ren and you don't think you can adequately describe the behavior, you may want to ask for a mental health assessment:

1. suicide attempts
2. prior mental health commitments
3. delusional thinking
4. depression
5. previously diagnosed mental health problem with recommendation for counseling and/or medications and diagnosed person fails to follow the treatment recommendations
6. history of committing violent crimes or physical or sexual assaults against other adults or children.

### HOW TO REQUEST A MENTAL HEALTH ASSESSMENT?

A Mental Health Assessment may only be requested by filing a written motion with the Court. Be aware that if you request a mental health assessment for another party in your case, the Court may on its own order all parties and others who live in the house, including you, to be examined. This request, if granted, may delay your custody hearing. **There is a fee of \$200.00 per Mental Health Assessment.** The court may waive the fee if neither party has the funds to pay it.

1. Complete the Domestic Relations Information Sheet with as much information as you have.
2. Complete, date and sign the Motion for a Mental Health Assessment. (detailed instructions included)
3. The filing fee for a Motion for a Mental Health Assessment is \$42.68. If you cannot pay the filing fee, you may ask to be excused from paying the fee by filing a **Petition to Proceed In Forma Pauperis (IFP)**. If you receive public assistance or SSI, bring your public assistance photo ID or proof that you receive SSI.

4. File the completed Motion for a Mental Health Assessment and the Information Sheet with the filing fee by mailing or hand-delivering them in person to:

Clerk of Court  
1501 Arch Street – 11<sup>th</sup> Floor  
Philadelphia PA 19102

**5. If you file in person, you may pay the filing fee by money order, cash or credit card. If you file by mail, you may pay by money order ONLY. Make the money order payable to “PROTHONOTARY CLERK OF FAMILY COURT.” Personal checks will not be accepted.**

6. Whether you file the motion by mail or hand-deliver it to the office of the Clerk of Family Court, you must file the original **AND** six (6) copies. A copy machine is available at the Clerk’s office at a cost of \$.25 per page.

#### WHAT HAPPENS AFTER THE MOTION IS FILED?

Once the motion is filed, you will get notice in the mail of the hearing date on your Motion for a Mental Health Assessment. You will need to attend the court date and explain to the Judge why you are asking for a mental health assessment. The Judge will either grant or deny your request. You may find that the Judge will also order a mental health assessment on you as well.

#### WHAT HAPPENS IF THE MOTION FOR A MENTAL HEALTH ASSESSMENT IS GRANTED?

If your request is granted, the court will send notice of the date, time and place for the mental health assessment. You may call the chambers of the judge who is hearing your custody case to find out if you may read the Mental Health Assessment before your court date.

#### TERMS THAT ARE USED IN THE MOTION:

PLAINTIFF	Person who filed the custody complaint
DEFENDANT	Person against whom the custody complaint was filed
PETITIONER	Person who is filing the Motion for a Mental Health Assessment
RESPONDENT	The person against whom the Motion for a Mental Health Assessment is filed

## HOW TO FILL IN THE MOTION:

### HEADING (CAPTION).

Fill in the names of the plaintiff and defendant in the heading of the motion exactly as they appear in the initial custody complaint. The plaintiff is the person who filed the custody complaint. The defendant is the person against whom the custody action was filed. The plaintiff and defendant keep those titles throughout the case. The Domestic Relations Number (D.R. No.) is the number assigned your case by the Court. You can find this number in the caption of your Complaint for Custody.

### LINE 1.

If you are filing the Motion for a Mental Health Assessment, you are the petitioner. Fill in your name and address as the petitioner. Indicate whether you are the plaintiff or defendant in the custody complaint by circling the appropriate term.

### LINE 2.

The person against whom the petition is filed is the respondent. Fill in the name and address of the respondent. Indicate whether the respondent is the plaintiff or defendant in the custody complaint by circling the appropriate term.

### LINE 3.

Fill in your relationship to the child(ren). List the name and date of birth (DOB) of each child involved in this petition.

### LINE 4.

Fill in the other party's relationship to the child(ren).

### LINE 5.

Fill in the reasons you believe a mental health assessment of the respondent is necessary.

DATE AND SIGN THE MOTION.

DATE AND SIGN THE VERIFICATION THAT THE STATEMENTS ARE TRUE.

**IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF,	:	
vs.	:	FAMILY COURT DIVISION
DEFENDANT,	:	CIVIL ACTION
	:	D.R. NO.
	:	

**MOTION FOR MENTAL HEALTH ASSESSMENT**

1. Petitioner (name) \_\_\_\_\_  
is **plaintiff or defendant** (circle one) in the custody complaint,  
and resides at (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_
  
2. Respondent (name) \_\_\_\_\_  
is **plaintiff or defendant** (circle one) in the custody complaint,  
and resides at (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_
  
3. Petitioner's relationship to the following minor child(ren) is \_\_\_\_\_  
  
LIST FULL NAME(S) AND DOB(S) OF CHILD(REN).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Respondent's relationship to the child(ren) is \_\_\_\_\_
  
5. Petitioner requests a mental health assessment of (name) \_\_\_\_\_ for the  
following reason(s):
  - a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, petitioner respectfully requests that the Court order a Mental Health Assessment of respondent be performed before the next hearing so that the report will be available to both parties and the presiding Judge.

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

I verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to the penalties of PA.C.S. § 4904 relating to unsworn falsification to authorities.

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