FILING INSTRUCTIONS FOR PETITION TO TRANSFER G.L. c. 123, § 18(a½)								
How to Complete This Petition If You Are:	The Prisoner	 Complete the Petition and sign it on the bottom. File the Petition in court or give it to the staff person at your place of detention to file it for you. 						
	The Prisoner's Legal Representative	 Complete the Petition and Supplements A and B to the best of your ability, sign the bottom of the form and have the Prisoner sign it or indicate why the Prisoner did not sign. File the Petition and Supplements A and B. 						
	A Staff Person at the Place of Detention	 Complete the Petition and Supplements A and B, sign it on the back, and have the Prisoner sign it or indicate why the Prisoner did not sign. File the Petition and Supplements A and B within 12 hours of the Prisoner's request. G.L. c. 123, § 18(a½)(2). Indicate whether additional information relevant to Supplement B will be provided within 3 business days. If more than 3 business days are required, indicate the additional time requested and the reason for the request. File any additional information relevant to Supplement B within 3 business days of filing the Petition, or within the additional time requested. 						
Where to File This Petition	 If the Prisoner is a <u>pretrial detainee</u>, file this petition in <u>one court</u> with jurisdiction over a criminal case on which the Prisoner is detained. If the Prisoner is <u>serving a sentence</u>, file the petition in the court with jurisdiction over the place of detention. 							
Instruction to Clerk's Office	■ If the petition is filed in the wrong court, "the clerk of court shall, as soon as practicable, determine the court with jurisdiction and forward the petition to that court for adjudication." G.L. c. 123, § 18(a½)(2).							
Information for the Prisoner	 This petition asks a court to order you transferred to an inpatient psychiatric facility or Bridgewater State Hospital for up to 30 days. During the 30-day period, the facility or hospital may file a petition to commit you for up to 6 months, and, if you are committed under such petition, the facility or hospital may then file petitions for additional 1-year commitments. G.L. c. 123, §§ 7, 8, 18(a). This Petition asks a court to determine your mental health status. By signing the Petition, you agree to allow your place of detention to give your mental health and medical records to a court or to the Department of Mental Health. 							

PETITION FOR TRANS	CRIMINAL DOCKET NO. (court use only)			Massachusetts Trial Court				
PLACE OF DETENTION		MENTAL HEALTH DOCKET NO. (court use only)			COURT DIVISION/COUNTY (court use only)			
PRISONER LAST NAME	PRISONER FIRST NAME			DOB GENDE		`		
PETITIONER Prisoner Prisoner's Legal Repres Staff Person at Place of Detention, at Prisoner's			NAME, TI	ΓLE and	CONTACT INFORMA	TION (if Petitioner	is not Prisoner)	
PETITION (to be completed by all	petitioner	s)						
Pursuant to G.L. c. 123, § 18(a½), the or unit licensed or operated by the D (check all that apply): The Prisoner has been on menta	ne Petition epartmen	er requests that th t of Mental Health,	or to Bi	idgewa	ater State Hospital	l. The basis for	this petition is	
from a risk of imminent and serio The Prisoner is at "serious risk of on next page and attach addition documents as necessary):	us self-ha f imminen	rm, G.L. c. 123, § t and serious self-h	18(a½)(narm," b	1), for ased o	length of time on the following info	(must be a	t least 72 hours). space below or	
SUPPLEMENT A (to be complet	ed by pris	oner's legal repres	sentative	or by	staff person at the	place of deter	ntion)	
Identify <u>all</u> criminal cases on which the on next page or attach additional page.		cessary):			· 		· ·	
CRIMINAL DOCKET NO. Pretrial Detainee Serving Sen Identify the date and outcome of any	_	CRIMINAL [Pretrial Detainee tions under G.L. c.	Serv	ing Ser	ntence Pretria	RIMINAL DOC I Detainee	KET NO. Serving Sentence	
SUPPLEMENT B (to be complet	ad by pris	onor's logal ropros	contative	orby	staff parson at the	nlace of deter	ation)	
If applicable, the Prisoner has be			or	ength of	(attach re		ting documents).	
 Attached are clinical evaluations, disciplinary reports or reports of p (For place of detention only) Atta Additional information relevant to necessary): 	ched are	ents of self-harm to all holding docume	on repor o others) ents (e.g	ts, and . all mi	d any other relever ttimuses) under w	hich the Prisor	ner is detained.	
 ☐ Additional information or docume ☐ More than 3 business days are remore time is requested, and the a attach additional documents as not attach. 	equired to amount of	provide additional time requested to	informa	ition or	documents relativ	e to the petition		
SIGNATURE OF PRISONER						DATE		
SIGNATURE OF PRISONER'S LEGAL F	REPRESEN ⁻	TATIVE STAFF PI	ERSON A	T PLAC	E OF DETENTION	DATE		
(if filing on Prisoner's behalf)								
The Prisoner was <u>unable</u> to sign (include	explanation)	The	Prisone	r was <u>unwilling</u> to sign	(include explanation	on)	

Additional Space for Petition								
Additional Space for Supplement A								
Additional Space for Supplement B								