

**PETITION REQUESTING AUTHORIZATION FOR
MEDICAL TREATMENT**

Using This Revisable PDF Form

1. Copies — (Contact the court to determine if you should bring copies to the Clerk's Office or if copies will be made upon filing.)
 - a. Original – to court.
 - b. First copy – to petitioning physician (if any).
 - c. Second copy – to petitioning hospital (if any).
 - d. Third copy – to person having custody of the juvenile.
 - e. Additional copies as determined by local practice.
2. Prepared by petitioners.
3. Attachments
 - a. DC-551, ORDER AUTHORIZING MEDICAL TREATMENT OF JUVENILE – if granted by judge.
4. Preparation Details
 - a. This petition should be prepared in all cases as a record of the case.
 - b. In emergency situations where time is a very critical factor, preparation of the petition may be used to reduce the request to writing after the emergency treatment is completed if the judge accepts the oral request.
 - c. The petitioners may be either a hospital or physician or both. Leave blank Data Elements Nos. 23 through 26 or Data Element No. 27 on front of form if inapplicable.
 - d. The physician who will perform the additional diagnostic testing or treatment does not have to be a petitioner. In such cases, the petitioning hospital or physician should list the examining or treating physician in Data Element No. 30.

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Data Elements – Page One

To be completed by Clerk:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Court case number. 2. Name of court. 3. Name of child. 4. Social security number of child. 5. Date of birth of child. 6. Age of child. 7. Indicate if child is or has been married. 8. Indicate whether child is male or female. 9. Address of child. 10. Telephone number of child. 11. Name of father of child. 12. Address of father. 13. Telephone number of father. 14. Name of mother of child. 15. Address of mother. 16. Telephone number of mother. 17. Name of guardian, legal guardian or person standing in <i>loco parentis</i> to child. | <ol style="list-style-type: none"> 18. Address of guardian, legal guardian or person standing in <i>loco parentis</i> to child. 19. Telephone number of legal guardian or person standing in <i>loco parentis</i> to child. 20. Name of nearest relative, if parents or guardian cannot be found. 21. Address of nearest relative. 22. Telephone number of nearest relative. 23. Name of hospital or medical facility. 24. Name of agent from hospital or medical facility. 25. Title of agent. 26. Address of hospital or medical facility. 27. Name and address of physician. 28. Describe symptoms. 29. Describe diagnosis. 30. Describe further diagnostic testing or treatment. |
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Data Elements - Page Two

1. Describe treatment.
2. Check appropriate box to indicate why the otherwise necessary consent cannot be obtained.
3. Date on which agent of hospital signs request.
4. Name of hospital.
5. Signature of agent.

To be completed by person acknowledging signature:

6. Date of acknowledgment.
7. Date acknowledgment signed.
8. Signature of person acknowledging.

9. Name of petitioning physician.
10. Signature of petitioning physician.

To be completed by person acknowledging signature:

11. Date of acknowledgment.
12. Date acknowledgment signed.
13. Signature of person acknowledging.