

ADDENDUM TO ADMISSION COLLOQUY FORM

In re _____ : Docket # _____
 (Juvenile) :
 :
 : Delinquent Act(s): _____
 : _____
 : _____
 : _____

ELIGIBILITY FOR CIVIL COMMITMENT FOR INVOLUNTARY TREATMENT

CIVIL COMMITMENT CASES

I did at least one of the crimes (in the box below); AND

If the judge says that I am a delinquent; AND

If I am in placement when I turn age 20,

I can go to a different placement against my will.

See 42 Pa.C.S. § 6401 *et seq.*

Check all that are true:

<input type="checkbox"/> Rape, 18 Pa.C.S. § 3121	<input type="checkbox"/> Sexual Assault, 18 Pa.C.S. § 3124.1
<input type="checkbox"/> Involuntary Deviate Sexual Intercourse, 18 Pa.C.S. § 3123	<input type="checkbox"/> Indecent Assault, 18 Pa.C.S. § 3126
<input type="checkbox"/> Aggravated Indecent Assault, 18 Pa.C.S. § 3125	<input type="checkbox"/> Incest, 18 Pa.C.S. § 4302

- 1) If I am in placement when I am age 20, SOAB (State Sexual Offenders Assessment Board) will look at information about me to see if I have mental problems that make it hard for me to stop doing sexual crimes. _____ initials

See 42 Pa.C.S. § 6358.

- 2) If SOAB thinks that I need treatment, the judge will have a hearing. _____ initials

See 42 Pa.C.S. § 6358.

3) If the judge agrees I need treatment, I will have a second hearing.
_____ initials

See 42 Pa.C.S. § 6358.

4) At the hearing, the judge will decide if I have mental problems that make it likely that I will do sexual crimes again. If the judge says yes, I will go to a different placement for at least one year. _____ initials

See 42 Pa.C.S. §§ 6403 & 6404.

5) The judge will look at my case each year. I will stay in that placement for as long as the judge decides that I have mental problems that make it likely that I will do sexual crimes again. _____ initials

See 42 Pa.C.S. § 6404.

6) If the judge says I can leave placement, I must continue to get treatment when told for my mental problems. The judge will look at my case after one year.
_____ initials

See 42 Pa.C.S. §§ 6404.1 & 6404.2.

7) If the judge says I can stop getting treatment after one year, I still must talk to a counselor every month. _____ initials

See 42 Pa.C.S. §§ 6404.1 & 6404.2.

8) If I do not obey these rules or the counselor says I cannot stop my bad actions, I will be sent back to placement. _____ initials

See 42 Pa.C.S. § 6404.2.

Lawyer's Representation and Opportunity to Speak with Guardian

9) Did you talk with your lawyer before you decided to tell the judge you did the crimes (delinquent acts)? Yes No

10) Are you okay with what your lawyer did for you? Yes No

11) Did your lawyer answer all your questions? Yes No

12) Did you talk with your parent or guardian about saying you did the crimes
 Yes No

If you answered no, would you like to talk with them now? Yes No

I have read this form or someone has read this form to me.

I understand the form and what I have to do. The signature below and initials on each page of this form are mine.

JUVENILE

DATE

I, _____, lawyer for the juvenile, have reviewed this form with my client. My client has informed me and I believe that he or she understands the rights, consequences, and dispositions outlined in this form. I have completed the foregoing sections with my client. I have explained them. I have no issues with my client admitting to the delinquent acts.

LAWYER FOR JUVENILE

DATE