

**IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
JUVENILE DIVISION**

**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) 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