

DOCKET NO. 175

Number Term Year

13 November 1961

In Re: Petition for Commitment of

William Wayne Smith to Warren State

Hospital Versus

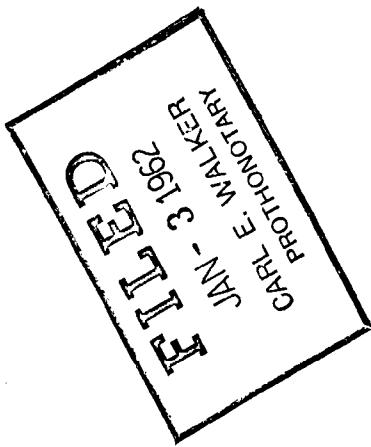
IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNA.

No. 13 November Term 1961

In re:

WILLIAM WAYNE SMITH

ORDER



JOHN J. PENTZ
PRESIDENT JUDGE
CLEARFIELD, PENNSYLVANIA

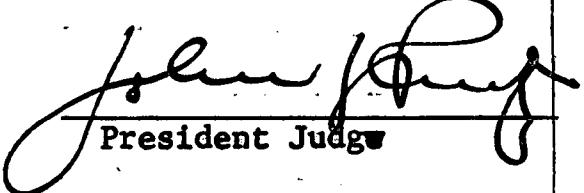
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA.

In re: :
WILLIAM WAYNE SMITH : No. 13 November Term 1961

O R D E R

NOW, January 3, 1962, upon recommendation of the Superintendent of the Warren State Hospital, Paul Hoyt, Superintendent of the County Institutional District, is authorized to take the above named individual from the Warren State Hospital and bring him to the County of Clearfield, and keep custody thereof within the Clearfield County Institutional District until further Order of Court.

BY THE COURT


John J. Hoyt
President Judge

COPY

WMH-59 Rev.—2M—10-52
In accordance with Sections 326, 328, 331
Mental Health Act, 1951, as amended.

Commonwealth of Pennsylvania
DEPARTMENT OF WELFARE
BUREAU OF MENTAL HEALTH
HARRISBURG

The following order is to be made when the Court commits a person thought to be mentally ill for observation, diagnosis and treatment upon an application made to the Court by the guardian, committee, or any relative or friend.

NOTE — Commitment valid only thirty days from date of court order.

IN THE COMMON PLEAS COURT CLEARFIELD COUNTY
COMMONWEALTH } NOVEMBER Term, 19 61
vs. } No. 13
WILLIAM WAYNE SMITH

ORDER

And now to wit this 8th day of November, 19 61
the Court having considered the within application of Paul R. Hoyt
and the exhibits and certificates thereto attached for the commitment of William Wayne Smith
to the Warren State Hospital,
and being satisfied that said William Wayne Smith is in such condition as
to require observation in a hospital for mental diseases, it is hereby directed that the said William Wayne Smith
be committed to the Warren State Hospital to be detained for observation, diagnosis and treatment for a period of 90 days
(Not to exceed ninety days)
and this shall be sufficient warrant for said commitment.

It is further ordered that the Superintendent or other person in charge of said Institution shall before
the expiration of said period make a written report of said patient's condition to this Court.

And it is further ordered that the full cost of care and maintenance of said William Wayne Smith
shall be paid by Clearfield County

/s/ JOHN J. PENTZ
J.

PETITION FOR COMMITMENT

NOTE—Petition and certificates “B” and “C” must be presented to the Court within two weeks of execution.

TO THE HONORABLE THE JUDGES OF THE SAID COURT:

The petition of Paul R. Hoyt respectfully represents:

1. That he is the not a relative (Guardian, committee, relative or friend or citizen of Pennsylvania) of William Wayne Smith, the person alleged to be mentally ill, of Clearfield,
2. That Paul R. Hoyt (Petitioner) is a resident of County of Clearfield in the
3. That your Petitioner believes that said William Wayne Smith is in such condition as to require observation in a hospital for mental diseases;
4. That attached hereto and marked Exhibit “A” are a “History of the Patient” and “Financial Statement” showing the age, legal residence and financial status of and other material facts with regard to the said William Wayne Smith,
5. That attached hereto and marked Exhibits “B” and “C” are the Certificates of two physicians to the effect that said William Wayne Smith is, in the opinion of said physicians, in such condition as to require observation in a hospital for mental diseases;
6. That Sections 328, 331 of the Act approved the 12th day of June, A. D. 1951, entitled “An Act relating to mental health, including mental illness, mental defect, epilepsy and inebriety, and amending, revising, consolidating, and changing the laws relating thereto,” empowers your Honorable Court to commit said William Wayne Smith to a hospital for mental diseases.

WHEREFORE your Petitioner prays your Honorable Court to commit said William Wayne Smith to Warren State Hospital, an Institution for Mental Diseases, for observation, diagnosis and treatment.

And he will ever pray, etc.

/s/ PAUL R. HOYT
Petitioner

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF Clearfield

ss:

Paul R. Hoyt the Petitioner above named having been duly affirmed according to law deposes and says that the facts set forth in the foregoing petition are true to the best of his knowledge, information and belief.

/s/ PAUL R. Hoyt

Sworn to and subscribed before me this 8th day of November 19 61

/s/ WM. T. HAGERTY
Prothonotary

My Commission expires 1/1/1962

EXHIBIT "A"
HISTORY OF THE PATIENT

1. Full name of patient William Wayne Smith Religion I do not know
2. Sex male Color white Single, married, widowed, divorced, separated single
Date of birth and age July 9, 1950 - 21 yrs. Birthplace Clearfield, Pa.
If foreign, how long in U. S.? _____ Is he a citizen of U. S.? _____
Is he a legal resident of Pennsylvania? yes If so, of what county, city or town? Clearfield, Pa.
How long has he resided in Pennsylvania? Life
If not a resident of Pennsylvania, where is his legal residence? _____

Name and birthplace of father Harold Smith, Clearfield, Pa.

Maiden name and birthplace of mother I do not know

Legal residence of father if living Clearfield, Pa.

Legal residence of mother if living I do not know

3. Profession, trade or employment of patient None

If a female, that of husband or father _____

4. Has patient had mentally ill relatives? I do not know

5. If so, state relationship, and whether paternal or maternal _____

6. If relatives ever in mental hospitals, state name, relationship and give name and location of institution

7. Has patient been considered of normal mental standard? no

8. Number of previous attacks of mental disorder? _____

9. Institution or institutions where cared for in previous attacks None

10. Was recovery complete? _____

11. How long has he shown mental disorder? Over 1 year

12. Was present attack gradual or sudden in onset? gradual

13. Give date of onset of this attack and statement of symptoms manifested at this time _____

When patient is irritated, has fits of violent temper, injures anyone within reach

14. Why do you think he is mentally ill? In answering this question, state the facts on which your opinion is based _____

15. What was the patient's natural temper or disposition, and has the disease produced any change?

Beneficiary _____

(Give names and addresses of companies, amount each pays for death and disability benefits and how long each policy is in force.)
Has patient any life insurance? No

(Give name of association, weekly or other benefits paid. How long will such payments continue, death benefits?)
Is patient affiliated with any benevolent associations? Mo

(State value and income derived from each)
Has patient any Stocks, Bonds, Savings Accounts, Mortgages, Pension, etc.? No

(Such as furniture, farm stock, etc. State nature and value)
Has patient any personal property? No

Assessed valuation? Market value? Beneficiaries? (State)

Location (Street Number) (Ward or Township) (Town or City) (State)
(Kind of Buildings, Land, etc.)

Has patient other interests in real estate? No Of what nature and of what does it consist?

Assessed valuation? Market value? Beneficiaries? (State)

Location (Street Number) (Ward or Township) (Town or City) (State)
(Kind of Buildings, Land, etc.)

Does patient own real estate? No Of what does it consist?

Who is legally liable and able to pay for the support and maintenance? Answer: Names and addresses:
Clearrfield County

FINANCIAL STATEMENT

23. In case of recovery, or sumienent improvement for consideration of discharge, should he be returned to court? Yes

22. Have any criminal charges been preferred against the patient? If so, specify No

21. Give name and address of relatives to be notified in case of illness, recovery or death

20. Has the patient received any medical treatment during this attack? No
who were his physicians? If so

19. Has any restraint been resorted to, if so, of what kind and for how long?

18. What is the supposed cause of the present attack? I do not know
Yes, Kicked - Mr. Hoyt, Subt. of Cleer Haven

17. Has the patient manifested a tendency to injure others, or destroy clothing, furniture and so on?

16. Has the patient ever made an attempt, if so in what manner? No
Has the patient ever made an attempt, if so in what manner?

Address _____

Has patient health and accident insurance? no Names of companies and amount paid by each company and duration of such payments _____

Name and address of patient's legally appointed guardian, committee or trustee: _____

If no guardian, committee or trustee has been appointed, will a relative or friend petition for the appointment if such action is deemed necessary? _____

Name and address of person attending to patient's business pending appointment of guardian, etc. _____

By what authority? _____ Self assumed? yes Trusteeship? _____

Power of Attorney? _____

Names of persons legally liable: _____

NAME AND ADDRESS OF WIFE HUSBAND _____

Age? _____ Occupation? _____ Name and address of Employer? _____

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last address? _____

Extent of estate at death? _____

NAME AND ADDRESS OF FATHER? Harold Smith, Clearfield, Pa.

Age? _____ Occupation? I DO NOT KNOW _____ Name and address of Employer?
I DO NOT KNOW

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last address? _____

Extent of estate at death? _____

NAME AND ADDRESS OF MOTHER? I DO NOT KNOW

Age? _____ Occupation? _____ Name and address of Employer? _____

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last address? _____

Extent of estate at death? _____

NAME AND ADDRESS OF CHILD? _____

Age? _____ Occupation? _____ Name and address of Employer? _____

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last address? _____

Extent of estate at death? _____

NAME AND ADDRESS OF CHILD? _____

Age? _____ Occupation? _____ Name and address of Employer? _____

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last address? _____

Extent of estate at death? _____

NAME AND ADDRESS OF CHILD? _____

Age? _____ Occupation? _____ Name and address of Employer? _____

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last address? _____

Extent of estate at death? _____

NAME AND ADDRESS OF CHILD? _____

Age? _____ Occupation? _____ Name and address of Employer? _____

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
(Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last address? _____

Extent of estate at death? _____

NAME AND ADDRESS OF CHILD? _____

Age? _____ Occupation? _____ Name and address of Employer? _____

Salary or wages? _____ Number of dependents? _____ Description and location of real estate owned? _____

Assessed valuation? _____ Market value? _____ Encumbrances? _____

Description and value of personal property _____
 (Furniture, farm stock, stocks, bonds, savings accounts, pensions, etc.)

If dead, date of death? _____ Last _____

Extent of estate at death? _____

Dated at Clearfield, Pa. this 7th day of November A.D. 1961

Signed /S/ PAUL R. HOYT

Residence Clearfield, Pa.

Occupation Superintendent, Clear Haven

Degree of relationship, if any, or other circumstances of connection with the patient? None

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA }
 COUNTY OF Clearfield } ss:

Before me the subscriber a Prothonotary personally appeared Paul R. Hoyt
 above named who being duly ^{sworn} affirmed according to law doth depose and say that
 the facts set forth in the above history of patient and financial statement are true to the best of his
 knowledge and belief.

/S/ PAUL R. HOYT

Sworn to before me this 8th
 day of November A.D. 1961

I certify that the signature to the foregoing petition is genuine.

/S/ WM. T. HAGERTY

Prothonotary My Commission expires 1st
 Monday, January, 1962

EXHIBIT "B"
CERTIFICATE OF PHYSICIAN

I, the undersigned, hereby certify that I reside at No. 107 W. 1st Ave. Street
Clearfield in the County of Clearfield Commonwealth of Pennsylvania;
(Town or City)

that I have resided in this Commonwealth for at least one year; that I } (have been licensed to practice medicine or osteopathy in this Commonwealth and have been in the actual practice of medicine or osteopathy for at least three years)
(have had at least one year's experience as a physician in a hospital for mental patients);

that I am not related by blood or marriage to the patient hereinafter named, or to the applicant or applicants for the admission of said patient to a mental hospital, or any of them; that I am not connected in any way as medical attendant or otherwise with the said hospital; that I have examined the said patient with care and diligence within one week prior to the date of this certificate; and that in my opinion the said patient is in such a condition as to require observation in a hospital for mental diseases.

I further certify that I examined Wm. Smith
of Clear Haven at Clearfield, Pa.
in the County of Clearfield on the 31st day of Oct. A.D. 1961
and that I have formed my opinion that he is in such a condition as to require observation in a hospital
for mental diseases from the following facts observed by me. (Describe physical and mental conditions,
appearance and behavior of the patient and record what patient said.)

I have also received the following information from others relative to the patient. (Here state especially any change in the patient's behavior and bodily health, with date of same as furnished you by other persons.)

Signed /s/ Roger L. Hughes M.D.
Dated at Clearfield, Pa. this 31st day of October A.D. 1961

AFFIDAVIT

(This affidavit must be taken before a person authorized to administer an oath in the Commonwealth.)

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF Clearfield } ss:

Before me the subscriber a Prothonotary personally appeared Roger L. Hughes, M.D.
----- above named who being duly ^{sworn} affirmed according to law doth depose and say that
the facts set forth in the foregoing certificate are true to the best of his knowledge and belief.

.../s/ Roger L. Hughes

Sworn to before me this 8th _____
Affirmed

day of November A.D. 1961

I certify that the signature to the foregoing certificate is genuine and that the Affiant is a physician of good standing and repute.

/s/ WM. T. Hagerty
Prothonotary

EXHIBIT "C"

CERTIFICATE OF PHYSICIAN

I, the undersigned, hereby certify that I reside at No. 115 E. Cherry Street
Clearfield in the County of Clearfield Commonwealth of Pennsylvania;
(Town or City)

that I have resided in this Commonwealth for at least one year; that I } (have been licensed to practice medicine or osteopathy in this Commonwealth and have been in the actual practice of medicine or osteopathy for at least three years)
(have had at least one year's experience as a physician in a hospital for mental patients);

that I am not related by blood or marriage to the patient hereinafter named, or to the applicant or applicants for the admission of said patient to a mental hospital, or any of them; that I am not connected in any way as medical attendant or otherwise with the said hospital; that I have examined the said patient with care and diligence within one week prior to the date of this certificate; and that in my opinion the said patient is in such a condition as to require observation in a hospital for mental diseases.

I further certify that I examined William Smith of Clear Haven at Clearfield, in the County of Clearfield on the 6th day of November A.D. 1961 and that I have formed my opinion that he is in such a condition as to require observation in a hospital for mental diseases from the following facts observed by me. (Describe physical and mental conditions, appearance and behavior of the patient and record what patient said.)

I have also received the following information from others relative to the patient. (Here state especially any change in the patient's behavior and bodily health with date of same as furnished you by other persons.)

Signed. /s/ Russel A. Boykiw M.D.
Dated at Clearfield, Pa. this 6th day of November A.D. 1961.

AFFIDAVIT

(This affidavit must be taken before a person authorized to administer an oath in the Commonwealth.)

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF Clearfield

ss :

Before me the subscriber a Prothonotary personally appeared Russel A. Boykiw, M.D.
above named who being duly ^{sworn} affirmed according to law doth depose and say that
the facts set forth in the foregoing certificate are true to the best of his knowledge and belief.

/s/ Russel A. Roykin

Sworn to before me this 8th
Affirmed day of November A.D. 19 61

I certify that the signature to the foregoing certificate is genuine and that the Affiant is a physician of good standing and repute.

/s/ WM. T. HAGERTY
Prothono

My Commission expires 1st Monday, Jan. 1962

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