

**CHECKLIST FOR AGENTS**  
**Prepared by the Disability Rights Network of Pennsylvania**

\_\_\_\_\_ 1. Is the person you will be representing younger than 18 years old (and not an emancipated minor)?

\_\_\_\_\_ 2. Does the person currently have a guardian?

\_\_\_\_\_ 3. Has any court found the person to be *currently* incapacitated, such as an involuntary commitment to a mental health hospital?

If the answer to question 1, 2, or 3 is YES, then the person is NOT able to make a mental health advance directive at this time.

If the answer to all three questions is NO, then please continue.

\_\_\_\_\_ 4. Have you discussed the following mental health information with the person?

\_\_\_\_\_ a. mental health history

\_\_\_\_\_ b. medications that have not worked

\_\_\_\_\_ c. side effects of medications or treatment that were unacceptable

\_\_\_\_\_ d. medications that have worked

\_\_\_\_\_ e. whether the person is interested in a lab trial or experimental mental health treatment if the doctor thinks the benefits outweigh the risks.

\_\_\_\_\_ f. whether the person is interested in a drug trial for mental health treatment if the doctor thinks the benefits outweigh the risks.

\_\_\_\_\_ g. whether the person is willing to consider ECT as a treatment option.

\_\_\_\_\_ h. any other mental health information, such as past hospital experiences, etc., that the person wants you to know.

\_\_\_\_\_ i. any limits or specific directions written in the mental health advance directive.

\_\_\_\_\_ 5. Do you understand that you are to make the decision about the person's treatment that you believe the *person* would have made for themselves, even if you do not necessarily think it is the best choice?

\_\_\_\_\_ 6. Do you have a copy of the person's mental health advance directive?

\_\_\_\_\_ 7. Do you know where the original of the person's mental health advance directive is, and do you have access to it?

\_\_\_\_\_ 8. Does the person have all of your contact information, such as home, work, and cell phone numbers on a card in his/her wallet in case of emergency?

\_\_\_\_\_ 9. Have you read the *Guide for Agents*?

## **CONTACT INFORMATION**

If you need more information or need help, please contact Carol Horowitz of the Disability Rights Network of Pennsylvania (DRN), 412-258-2131, [chorowitz@drnpa.org](mailto:chorowitz@drnpa.org), or contact the DRN intake unit at 800-692-7443 (voice) or 877-375-7139 (TDD). The DRN intake unit email address is: [intake@drnpa.org](mailto:intake@drnpa.org).

The mission of the Disability Rights Network of Pennsylvania (DRN) is to advance, protect, and advocate for the human, civil, and legal rights of Pennsylvanians with disabilities. Due to our limited resources, DRN cannot provide individual services to every person with advocacy and legal issues. DRN prioritizes cases that have the potential to result in widespread, systemic changes to benefit persons with disabilities. While we cannot provide assistance to everyone, we do seek to provide every individual with information and referral options.

**IMPORTANT: This publication is for general informational purposes only. This publication is not intended, nor should be construed, to create an attorney-client relationship between the Disability Rights Network of Pennsylvania (DRN) and any person. Nothing in this publication should be considered to be legal advice.**

**PLEASE NOTE: For information in alternative formats or a language other than English, contact DRN at 800-692-7443 Ext. 400, TDD: 877-375-7139, or [drnpa-hbg@drnpa.org](mailto:drnpa-hbg@drnpa.org).**

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