

Date: \_\_\_\_\_ Date of UA: \_\_\_\_\_ Facility: \_\_\_\_\_  
Re: \_\_\_\_\_ Address: \_\_\_\_\_  
(Patient)  
Last known address: \_\_\_\_\_  
Medical Record Number: \_\_\_\_\_ Unit/Bldg: \_\_\_\_\_

**This is to notify you that the above named patient was returned to the above named facility**  
on \_\_\_\_\_ at \_\_\_\_\_ following his/her  ESCAPE  BREACH OF CONDITIONAL RELEASE.  
(date) (time)

Patient returned via:  self  police \_\_\_\_\_  family  other \_\_\_\_\_  
(specify agency) (specify)

Location of patient when found: \_\_\_\_\_

**Incident(s) that occurred to patient during elopement**

- None/unknown  Assault  Drug/Alcohol use  Rape  Self-injurious behavior  Suicide  
 Suicide attempt  Other \_\_\_\_\_

**Severity of injury/damage to patient**

- No treatment/injury  Medical intervention required  No property damage  
 Unknown  Hospitalization required  Minimal property damage  
 Minor first aide  Death  Substantial property damage

**Incident(s) committed by patient during elopement**

- Assault  Homicide  Rape  Theft  Breaking & Entering  None/Unknown  
 Other \_\_\_\_\_

**Severity of injury/damage to victim (other than patient)**

- No treatment/injury  Medical intervention required  No property damage  
 Unknown  Hospitalization required  Minimal property damage  
 Minor first aide  Death  Substantial property damage

Signature and Title of Responsible Professional \_\_\_\_\_

DISTRIBUTION: Any law enforcement office notified  
HIM  
Initial examiner if involuntarily committed  
Area program (if appropriate)

Risk management coordinator  
Official placing patient on detainer  
Next of kin/legally responsible party  
Clerk of Superior Court in county of commitment