

REQUEST FOR HEARING

Facility Name: _____

Facility Address (physical location): _____ County: _____

IN THE MATTER OF: Respondent's Name: _____ Medical Record No.: _____
Facility Unit (When Applicable): _____

TO: Clerk of Superior Court, _____ County

This serves as official notice that an _____ initial hearing _____ supplemental hearing _____
_____ first rehearing _____ subsequent rehearing _____
needs to be scheduled for the above-named respondent for the following reason:

Inpatient Outpatient Combination Inpatient-Outpatient Substance Abuse
treatment will be necessary beyond _____, the current [recommended] commitment expiration date. Attached is the
[most recent] 24-Hour Facility Exam for Involuntary Commitment (DMH 5-72-19-2). Therefore, a **rehearing** is requested.

A **supplemental hearing** is required to determine the appropriateness of the respondent's:

Continued inpatient treatment Outpatient treatment Discharge Conditional Release
The respondent was committed because of conduct resulting in his being charged with a violent crime involving an assault with
a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding to trial.

The respondent has failed to comply or clearly refuses to comply with all or part of the prescribed outpatient treatment. A report
of reasonable efforts made to solicit the respondent's compliance is attached.

The respondent is under outpatient substance abuse commitment and intends to move or has moved to another county
within the state. Attached is the most recently completed examination required for involuntary commitment.

The respondent is currently under inpatient commitment but now meets the criteria for outpatient commitment. Attached are the
24-Hour Facility Exam for Involuntary Commitment (DMH 5-72-19-2) and Notice of Change in Commitment Status form (DMH 5-
79-23B).

The respondent is a minor incompetent adult in a restrictive 24-hour facility. A hearing needs to be scheduled to
determine whether the court concurs with the voluntary admission / continued stay. Treatment will be necessary beyond
_____ (expiration date). Attached is the Evaluation for Admission / Continued Stay (DMH 5-73-24). If initial hearing, also
attached is a copy of the Application for Admission.

The respondent was transferred to the above-named facility on _____ (date) from _____
(transferring facility) in _____ County prior to the initial judicial commitment hearing initial judicial determination
(voluntary minor or incompetent adult).

The respondent, who is under substance abuse commitment, will require treatment in a 24-hour facility beyond 45 consecutive
days. The 45 days will expire on _____ (date). Attached is the 24-Hour Facility Exam for Involuntary Commitment.

Clerk: Please issue Subpoena To Testify to respondent for hearing requested above.

DISTRIBUTION WHEN REQUEST TO RETURN IS ISSUED:

Original: Clerk of Superior Court where facility is located
Outpatient or Substance Abuse – Clerk of Superior Court
where commitment is supervised

Signature & Title

CC: Medical Records
Respondent's Attorney, when applicable
State's Attorney, when applicable
*Respondent **Petitioner

NOTE: If current status is:
-Inpatient Commitment – must be signed by Attending Physician
-Outpatient or Substance Abuse Commitment – must be signed
by Responsible Professional