

NOTICE OF CHANGE IN COMMITMENT RECOMMENDATION

This form is to be utilized *prior* to an individual's appearance at a court hearing.

Facility Name: _____

Facility Address (physical location): _____

IN THE MATTER OF: Respondent's Name: _____

Initial/Most Recent Date of Recommendation for:

Inpatient Outpatient Substance Abuse Commitment _____

TO: Clerk of Superior Court, _____ County

This is to certify that the commitment recommendation for the above-named respondent has changed due to the following:

The respondent no longer meets the criteria for inpatient commitment and is unconditionally discharged on _____.

The respondent no longer meets the criteria for outpatient substance abuse commitment and is unconditionally discharged on _____.

The respondent no longer meets the criteria for inpatient hospitalization but does meet criteria for outpatient commitment. Therefore, the respondent is released from inpatient hospitalization effective _____ with the following instructions pertaining to outpatient commitment: _____

The respondent no longer meets the criteria for outpatient commitment but does meet criteria for inpatient hospitalization. Therefore, outpatient commitment proceedings are being terminated effective _____. Completed *Affidavit and Petition for Involuntary Commitment* and First Exam paperwork reflecting this recommendation accompany this notice / have been submitted to the magistrate or clerk of court.

The respondent or legally responsible person signed a consent for voluntary treatment on _____.

The respondent expired on _____.

The respondent is receiving medical treatment and will not be able to attend a court hearing scheduled on _____. The attending physician has determined that the respondent no longer meets criteria for involuntary commitment, so proceedings are terminated effective _____.

The respondent was transferred to _____ in _____ County on _____ to continue treatment under commitment proceedings.

Date

Name/Title of Commitment Examiner

NOTE:

If current recommendation is *Inpatient Commitment*, signature must be that of Attending Physician.

If current recommendation is *Outpatient* or *Substance Abuse Commitment*, signature must be that of Responsible Professional.

Signature