

NOTICE OF CHANGE IN COMMITMENT STATUS

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

Facility Name: _____

Facility Address (physical location): _____

IN THE MATTER OF: Respondent's Name: _____

Facility Unit (When Applicable): _____

Date of: 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 was conditionally released on _____ with the following conditions in place: _____ Those conditions have been met; therefore, the respondent has been unconditionally discharged effective _____.

The respondent escaped breached conditions of release on _____ and is discharged due to unauthorized absence on _____.

Outpatient commitment has been terminated, as the respondent was admitted to a 24-hour facility on a voluntary basis on _____.

The respondent was transferred to _____ in _____ County on _____.

The respondent has moved to another state or location of respondent is unknown, so commitment is terminated on _____.

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

The respondent expired on _____.

Date

Name/Title of Commitment Examiner

NOTE:

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

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

Signature