

## 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  involuntary basis on \_\_\_\_\_. If involuntary, 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 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