

NOTICE OF RETURN OF ESCAPEE OR CONDITIONAL RELEASEE

Date: _____ Date of UA: _____ Facility: _____
(Name, Address)

Name	Medical Record Number	Facility Unit/Building
Last Known Address <i>(Street, Apt., Route, or Box Number; City, State, Zip)</i>		County
		Admit Date

This is to notify you that the above-named patient was returned to the above-named facility on _____(date) at _____(time) following their Escape Breach of conditional release.

The patient returned via: Self
 Police _____ (agency)
 Family
 Other means _____ (specify)

Location of patient when found: _____

Incident(s) That Occurred to Patient During Elopement

None/Unknown Drug/Alcohol Use Assault Rape Self-injurious Behavior Suicide Attempt
 Suicide Other _____

Severity of Injury to Patient

No injury	Medical intervention required
Unknown	Hospitalization required
Minor first aide	Death

Incident(s) Committed by Patient During Elopement

None/Unknown Breaking & Entering Theft Assault Rape
 Homicide Other _____

Severity of Injury/Damage to Victim (other than patient)

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

 Signature / Title - Responsible Professional

 Date Signed

DISTRIBUTION: Any law enforcement office notified
 HIM
 LME-MCO (if appropriate)
 Initial examiner if involuntarily committed

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