

House Bill 95     Yes     No    If "Yes", Clerk of Court notified by phone on Date: \_\_\_\_\_ File # \_\_\_\_\_ Film # \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ COUNTY \_\_\_\_\_

IN THE MATTER OF:

Respondent's name: \_\_\_\_\_ Client Record Number: \_\_\_\_\_

Unit/ Building/ Ward (when applicable): \_\_\_\_\_

TO: Clerk of Superior Court of \_\_\_\_\_ County

This serves as official notice that an  initial hearing,  supplemental hearing,  first rehearing, or  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 \_\_\_\_\_ (Commitment Expiration Date)  
Attached is the Examination and Recommendation to Determine Necessity for Involuntary Commitment (DMH 572-01).
- A hearing is required to determine the appropriateness of the respondent's:  
 Continued inpatient treatment     Outpatient treatment     Discharge  
 Conditional release and the respondent was committed as a result of conduct resulting in his being charged with a violent crime including a 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 an  outpatient  substance abuse commitment and intends to move or has moved to another county within the state. Attached is the Examination and Recommendation to Determine Necessity for Involuntary Commitment (DMH 572-01).
- The respondent is currently under inpatient commitment but now meets the criteria for outpatient commitment. Attached is the Examination and Recommendation to Determine Necessity for Involuntary Commitment (DMH 572-01).
- The respondent is a  minor  incompetent adult in a restrictive 24-hour facility as 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 573-01). If initial hearing, please attach copy of 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 (involuntary minors and voluntary incompetent adults).
- 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 Examination and Recommendation to Determine Necessity 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 \_\_\_\_\_ Signature & Title  
Where commitment is supervised

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