

## 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 \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title of Commitment Examiner

\_\_\_\_\_  
Signature