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|  | **Notice of Early Release from Involuntary Substance Abuse Services** |

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| IN RE: |       |  Case Number: |       |

 Respondent

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| --- | --- | --- |
| **YOU ARE HEREBY NOTIFIED that:** |       | , |

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| --- | --- | --- | --- | --- | --- | --- |
| ordered for involuntary substance abuse services, has this  |      |  day of  |       | , 20 |    |  been determined eligible  |

for discharge to the most appropriate referral or disposition because the following applies:

 [ ]  (a) The person no longer meets the criteria for involuntary admission and has given his or her informed consent to be transferred to voluntary status.

 [ ]  (b) The person no longer meets the criteria for involuntary services.

 [ ]  (c) The person is no longer in need of services.

 [ ]  (d) The Administrator of the service provider determines that the person is beyond the safe management capabilities of the provider.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |       |  |       |  [ ]  am [ ]  pm |
| Signature of Administrator or Designee |  | Date (mm/dd/yyyy) |  | Time |  |

|  |  |  |
| --- | --- | --- |
|       |  |       |

Printed or Typed Name of Administrator or Designee Name of Facility

The following notifications occurred as indicated:

|  |  |  |  |
| --- | --- | --- | --- |
| Individual | Date Copy Provided(mm/dd/yyyy) | Time Copy Provided | Initials of Individual Providing Copy |
| [ ]  Person Served |       |       [ ]  am [ ]  pm |       |
| [ ]  Guardian |       |       [ ]  am [ ]  pm |       |
| [ ]  Person’s Attorney |       |       [ ]  am [ ]  pm |       |
| [ ]  Circuit Court |       |       [ ]  am [ ]  pm |       |
| [ ]  Clinical Record |       |       [ ]  am [ ]  pm |       |
| [ ]        |       |       [ ]  am [ ]  pm |       |