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

|  |  |  |  |
| --- | --- | --- | --- |
| IN RE: |  | Case Number: |  |

Respondent

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

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