



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.

Signature of Administrator or Designee Date (mm/dd/yyyy) Time am pm

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
<input type="checkbox"/> Person Served		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> Guardian		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> Person's Attorney		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> Circuit Court		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> Clinical Record		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> _____		<input type="checkbox"/> am <input type="checkbox"/> pm	