

**TRANSFER OF INVOLUNTARILY COMMITTED PERSONS
FROM INPATIENT TO OUTPATIENT STATUS
MENTAL HEALTH PROCEDURES ACT OF 1976
SECTION 306**

TO: <hr style="width:80%; margin: 0 auto;"/> <p align="center">COUNTY ADMINISTRATOR</p>	FROM: <hr style="width:80%; margin: 0 auto;"/> <p align="center">SUPERINTENDENT/ADMINISTRATOR OF MH FACILITY OR DESIGNEE</p>
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NAME OF PERSON: (Last, First, Middle)		AGE:	SEX:
NAME OF COUNTY PROGRAM:	NAME OF BASE SERVICE UNIT:	BSU NUMBER:	
NAME OF FACILITY:	CURRENT COMMITMENT STATUS:	NO. DAYS REMAINING ON COMMITMENT:	

We reviewed the treatment plan and records of _____
(NAME OF PATIENT)
on _____, and determined that discharge to involuntary
(DATE)
outpatient status is appropriate based on the findings as delineated below.

FINDINGS: (Give details of the review of the treatment plan and records with particular emphasis on the inappropriateness of less restrictive alternatives).

We plan to discharge _____ from _____
(NAME OF PATIENT)
(SECTION 303, 304, 305)
inpatient status and transfer him/her to outpatient status to _____
(NAME OF COUNTY MENTAL HEALTH PROGRAM)
on _____.
(DATE)

SIGNATURE	DATE - At least 5 working days prior to transfer
PRINT NAME	

A COPY OF THE CURRENT COURT ORDER MUST ACCOMPANY THIS FORM.