

Notice of Release or Discharge

IN RE: _____ CASE NO. _____

YOU ARE HEREBY NOTIFIED that _____, admitted for

- ☐ Involuntary examination
- ☐ Involuntary inpatient placement
- ☐ Involuntary outpatient services

has this _____ day of _____, 20__ been released or discharged from this facility and or order.

Any guardian advocate appointed to provide express and informed consent to treatment on the individual's behalf has been discharged from his or her duties, unless the individual was released from involuntary inpatient placement to involuntary outpatient services and the appointment of the guardian advocate was continued by the court.

Signature of Administrator or Designee

Date

Time

am pm

Printed Name of Administrator or Designee

Name of Facility

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Individual		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Guardian Advocate		am pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> Individual's Attorney		am pm	
<input type="checkbox"/> Initiating Person		am pm	
<input type="checkbox"/> Circuit Court		am pm	
<input type="checkbox"/> Individual's Clinical Record		am pm	

BAKER ACT