

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

<b>TO:</b>  <hr style="width:80%; margin: 0 auto;"/> <p align="center">COUNTY ADMINISTRATOR</p>	<b>FROM:</b>  <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.