

ABSOLUTE REVOCATION OF CD-NOTICE

Patient Name: _____

I EXAMINED YOU AND:

I OVERRULED the TEMPORARY revocation of your conditional discharge (CD) and returned you to the community on your conditional discharge (CD) status.

OR

I ABSOLUTELY revoked your conditional discharge (CD) in accordance with RSA 135-C:51, IV, BECAUSE:

I determined that you were in such a condition as to create potentially serious likelihood of danger to self or others as a result of mental illness. (Explain)

Date: _____ Time: _____ Location: _____

What happened? _____

Who was present/How was information confirmed? _____

I believe you violated the following conditions of your conditional discharge:
(Current Form 609-3 ATTACHED.)

1. Take all medications as prescribed. (What meds? Dates missed?): _____

2. Attend regularly scheduled appointments. (Dates of missed appts?) _____

How did missed appointment impact treatment? _____

3. Participate in scheduled lab screenings. (Dates of missed labs?) _____

4. In addition to #1, 2, or 3 above, refrain from alcohol/non-prescp/illicit drug use to the extent it adversely affected treatment. (Explain)

Dates of drug/alcohol use: _____ Times: _____

Locations: _____

Impact to treatment: _____

5. (List other condition violated.) _____

6. (List other condition violated.) _____

I EXPLAINED the reasons for the **ABSOLUTE** revocation, I **OFFERED** you a copy, and I advised you of your right to a **HEARING**.

It was unsafe to explain and offer a copy of this form to you because of a significant possibility of bodily harm to you and/or to others. (Explain.)
(Only execute this section if the patient is too dangerous for you to explain and offer this form.)

Date: _____ Time: _____ Location: _____

What Happened? _____

Who was present? _____

Signature of Psychiatrist or APRN

Date/Time

Print Name of Psychiatrist or APRN

Telephone Number

YOUR RIGHTS-NOTICE

- You have the right to appeal the **ABSOLUTE** revocation of your conditional discharge (CD).
- You have the right to legal counsel.
- You have the right to receive assistance in filing an appeal and help will be provided at no cost to you.

I understand that a psychiatrist/APRN from this facility **ABSOLUTELY** revoked my conditional discharge (CD).

I want to appeal the **ABSOLUTE** revocation of my conditional discharge (CD).

OR

I **DO NOT** want to appeal the **ABSOLUTE** revocation of my conditional discharge (CD).

Signature of Patient

Date

The patient was unable or unwilling to sign this form.

I verbally notified the guardian about the patient's decision to [] have [] not have a revocation hearing.

I provided copies of forms 609-8, 609-9, and 609-10 to the [] patient and []guardian (if applicable).

I immediately contacted the Legal Services division of the facility so a hearing and an attorney (at no cost) could be assigned to provide the patient with further assistance regarding an appeal.

I designated _____ to give a copy of forms 609-8, 609-9, and 609-10 to the [] patient and []guardian (if applicable) and confirmed that s/he or they received them.

Designee's Signature: _____.

Signature of Psychiatrist or APRN

Date

Print Name of Psychiatrist or APRN

Phone #

HEARING

Patient Name: _____

- I **APPEAL** the **ABSOLUTE** revocation of my conditional discharge (CD).
- I **CANNOT** pay for a lawyer to represent me.
- I request a **HEARING** on my appeal of the **ABSOLUTE** revocation of my conditional discharge (CD) and will accept the assistance of an appointed attorney.

Patient's Signature

Date

IF THE PATIENT HAS A GUARDIAN:

- I **APPEAL** the **ABSOLUTE** revocation of my ward's conditional discharge (CD).
- The ward **CANNOT** pay for a lawyer to represent him/her.
- I request a **HEARING** on the appeal of the **ABSOLUTE** revocation of the ward's conditional discharge (CD) and request the ward be provided with the assistance of an appointed attorney.

Guardian's Signature

Date

HEARING:

- A **HEARING** shall be scheduled within 5 working days of the date of receipt of this form by the Commissioner.
- If you cannot afford to pay for a lawyer, the State shall appoint a lawyer for you.
- You have the right to present evidence and witnesses on your behalf and to cross-examine other witnesses.
- You have the right to hear and examine all evidence presented.
- The State must prove by clear and convincing evidence that you have violated condition(s) of your discharge (CD) or are in such condition as to create a potentially serious likelihood of danger to yourself or others.
- The Commissioner shall issue a decision on the appeal within 3 working days of the date that the HEARING is completed.