

CONTINUATION OF CONDITIONAL DISCHARGE(CD)

(Client's Name)

has been on conditional discharge(CD)from:

(Name of Designated Receiving Facility as indicated below.)

His/her probate court order and CD expire on _____.
Expiration Date of Order

On _____, the _____ Circuit Court,
Probate Division, ganted an additional term of involuntary
admission for purposes of continuing the client's conditional
discharge (CD). As a result of the court order, the new date in
which the client's conditional discharge (CD) expires is

New Date Conditional Discharge (CD) Expires



The conditional discharge (CD), dated _____
is hereby attached [] with [] without revisions.

Signature of Client

Date

Signature of Guardian over Person (if any)

Date

Signature of MHC Designee

Date



A COPY OF THIS DOCUMENT WAS SENT TO NHH LEGAL SERVICES,
36 CLINTON STREET, CONCORD, NH 03301 ON _____.
Initials of person from MHC_____.)