

TEMPORARY REVOCATION OF CD-NOTICE

_____ directed me to conduct a mental health examination of you.
(PRINT name of **MHC** Psychiatrist/APRN directing temporary revocation.)

You agreed to allow staff to conduct a mental health examination of you.

OR

You **DID NOT** agree to allow staff to conduct a mental health examination of you. Because you were unwilling to voluntarily allow staff to complete a mental health examination of you, staff executed the **COMPLAINT FOR COMPULSORY EXAMINATION** (on page 1). A law enforcement officer gave you a copy of the **COMPLAINT** before staff conducted the mental health examination of you.

After receiving a directive from the **MHC** psychiatrist/APRN and consent from you **OR** authorization after law enforcement gave you the **COMPLAINT FOR COMPULSORY EXAMINATION**, I conducted a mental health examination of you on _____(date) at _____(location).

After conducting the mental health examination, I spoke with the **MHC** psychiatrist/APRN who directed me to:

MAINTAIN your CD and allow you to return home to _____ on _____(date).

TEMPORARILY REVOKE your Conditional Discharge order **because**:

You engaged in behaviors that created a potentially serious **likelihood of danger** to self and/or others as a result of mental illness: **(EXPLAIN)**

Date: _____ Time: _____ Location: _____

What happened? _____

Who was present/how was this information confirmed?: _____

You violated condition(s):

- 1. Take medications as prescribed. (What meds? Date violated?): _____
- 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, refrain from alcohol/non-prescp/illicit drug use to the extent it adversely affected treatment. (Explain alcohol/drug use and how use affected treatment. *Include date, time, location.*) _____

- 5. (List other condition violated.) _____
- 6. (List other condition violated.) _____

I EXPLAINED the reasons for the **TEMPORARY**, I **OFFERED** a copy, and I **INFORMED** you of your right to a **HEARING**.

It was unsafe to **OFFER** a copy and **EXPLAIN** this form to you because you caused a significant possibility of bodily harm. My description of the circumstances of how you caused a significant possibility of bodily harm is **detailed below**:
(Only execute this section if the patient is too dangerous for you to explain and offer this form.)

Date: _____ Time: _____ Location: _____

Law Enforcement/Ambulance shall you transport to: (Name of Facility).

REQUIRED SIGNATURE

Signature of Psychiatrist, APRN, or Designee Signer's Printed Name and Psychiatrist, APRN giving approval Date Day Time Telephone Number