

# FORM 609-7 PROPOSED REVOCATION of CONDITIONAL DISCHARGE-NOTICE

(page 1 of this 4 page document)

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

☐ The **MHC psychiatrist/APRN** directed me to commence the **PROPOSED** on \_\_\_\_\_ (date).

☐ The **MHC psychiatrist/APRN** determined that you created a potentially serious likelihood of danger to self/others as a result of mental illness. (Explain) Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was present/how was this information confirmed?: \_\_\_\_\_  
\_\_\_\_\_

☐ The **MHC psychiatrist/APRN** determined that you violated the following condition(s) of your CD:

1. ☐ Take all medications as prescribed. (What CMHC meds? Dates missed?, What evidence?):

\_\_\_\_\_  
\_\_\_\_\_

2. ☐ Attend regularly scheduled appointments. (Dates and types of missed appts?)

\_\_\_\_\_  
\_\_\_\_\_

How did missed appointment impact the MHC's responsibility to provide monitoring and/or treatment?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

Dates of drug/alcohol use, times, & locations:

\_\_\_\_\_  
\_\_\_\_\_

How did the drug use impact the MHC's responsibility to provide monitoring and/or treatment?

\_\_\_\_\_  
\_\_\_\_\_

5. ☐ (List other condition violated?)

6. ☐ (List other condition violated?)

## REQUIRED SIGNATURE OF MHC REPRESENTATIVE

\_\_\_\_\_  
Signature of Psychiatrist, APRN, or Designee

\_\_\_\_\_  
- Signer's Printed Name and Psychiatrist, APRN giving approval

\_\_\_\_\_  
- Phone # of signer

# FORM 609-7 PROPOSED REVOCATION of CONDITIONAL DISCHARGE-NOTICE

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Person Completing these steps: \_\_\_\_\_ on Date: \_\_\_\_\_.

Client Name: \_\_\_\_\_

\*\*\*\*\*

The client was **FOUND** and I was able to do the following: (all 4 boxes are required)

- ☐ I EXPLAINED the reasons of the proposed revocation to you.
- ☐ I ASKED IF YOU WOULD ALLOW AN EXAMINATION of your mental health.
- ☐ I OFFERED you a copy of the PROPOSED revocation form.
- ☐ I INFORMED you that if your CD were absolutely revoked, you would have the right to an administrative hearing.
- Option A: ☐ You consented to submit to the evaluation.
- Option B: ☐ You refused to submit to an evaluation (REQUIRES PART B OF PROPOSED).

\*\*\*\*\*

The client was **FOUND** and it was **UNSAFE** to perform some of the tasks below: (REQUIRES PART B OF PROPOSED)

- ☐ I EXPLAINED the reasons of the proposed revocation.
- ☐ I ASKED IF YOU WOULD ALLOW AN EXAMINATION of your mental health.
- ☐ I OFFERED you a copy of the PROPOSED revocation form.
- ☐ I INFORMED you that if your CD were absolutely revoked, you would have the right to an administrative hearing.
- ☐ It was unsafe to complete the unchecked boxes in this section of the form because of a significant possibility of bodily harm. My description of the circumstances is detailed below:

(Only execute this section if the client/patient is too dangerous for you to explain and offer this form.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

Who was present? \_\_\_\_\_

\*\*\*\*\*

Client: \_\_\_\_\_ was **NOT FOUND**: (REQUIRES PART B OF PROPOSED)

- ☐ I used REASONABLE EFFORTS to find you, but I was unable to EXPLAIN & OFFER a copy to you because:
- ☐ Staff could not locate you at your residence on \_\_\_\_/\_\_\_\_/20\_\_ & no one responded to the following methods to contact you. A ☐ Voice Mail message at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ left on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_:\_\_\_\_ hours, and/or
- ☐ Other \_\_\_\_\_ occurred on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_:\_\_\_\_ hours.

After waiting a reasonable time of more than **2** hours for a response from the client the MHC psychiatrist/APRN then advised me to drop off the Complaint for Compulsory Examination with the local police so that the client could be located.

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PART B of Proposed Revocation (if required, Police must be provided page 1 and 2 of this form)

## **Complaint for Compulsory Examination Pursuant to RSA 135-C:51,II**

☐ The **MHC** psychiatrist/APRN directed me to give the COMPLAINT (below) to law enforcement on \_\_\_\_\_ (date). The undersigned complains that the client named above needs to undergo an examination in accordance with RSA 135-C:51,I, in order to determine if the client's conditional discharge should be revoked based on the above allegations set forth in the Notice of Proposed Revocation of Conditional Discharge (page 1). RSA 135-C:51 requires the client to undergo a compulsory examination and I believe that a reasonable effort has been made to find the client in order to offer and explain the written notice. The client cannot be located or has been given an opportunity to consent to examination but refuses to do so, and in accordance with RSA 135-C:51,II,I request that a law enforcement officer take custody of the client and deliver him/her to \_\_\_\_\_ (name of hospital) where MHC Staff will conduct a compulsory examination for the purpose of determining whether or not the client's conditional discharge should be revoked in accordance with RSA 135-C:51, III.

### **REQUIRED SIGNATURE OF MHC REPRESENTATIVE**

\_\_\_\_\_  
Signature of Psychiatrist, APRN, or Designee

\_\_\_\_\_  
- Signer's Printed Name and Psychiatrist, APRN giving approval

\_\_\_\_\_  
- Phone # of signer

# FORM 609-7 TEMPORARY REVOCATION of CONDITIONAL DISCHARGE-NOTICE

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☐ \_\_\_\_\_ (PRINT name of **MHC** Psychiatrist/APRN directing temporary revocation) **directed me to conduct a mental health examination of** \_\_\_\_\_ (client) **on** \_\_\_\_\_ (date).

☐ 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 refused to allow staff to complete a mental health examination of you, staff executed the **COMPLAINT FOR COMPULSORY EXAMINATION** (on page 2)

☐ I EXPLAINED the reasons of the proposed revocation and told you which conditions were violated

☐ I OFFERED you a copy of the PROPOSED revocation form.

☐ I INFORMED you that if your CD were absolutely revoked, you would have the right to an administrative hearing.

☐ I conducted a mental health examination of you on \_\_\_\_\_ (date) at \_\_\_\_\_ (location).

☐ The **MHC** psychiatrist/APRN directed me to:

☐ MAINTAIN your CD and allow you to return home to \_\_\_\_\_ on \_\_\_\_\_ (date).

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

☐ The **MHC** psychiatrist/APRN determined that you created a potentially serious likelihood of danger to self/others as a result of mental illness. (Explain) Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

Who was present/how was this information confirmed?: \_\_\_\_\_

☐ You violated the following condition(s):

1. ☐ Take all medications as prescribed. (What CMHC meds? Dates missed?, What evidence?):

\_\_\_\_\_

\_\_\_\_\_

2. ☐ Attend regularly scheduled appointments. (Dates and types of missed appts?):

\_\_\_\_\_

\_\_\_\_\_

How did missed appointment impact the MHC's responsibility to provide monitoring and/or treatment? :

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Dates of drug/alcohol use, times, & locations:

\_\_\_\_\_

\_\_\_\_\_

**FORM 609-7 TEMPORARY REVOCATION of CONDITIONAL DISCHARGE-NOTICE**  
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How did the drug use impact the MHC's responsibility to provide monitoring and/or treatment?

5. ☐ (List other condition violated?)

6. ☐ (List other condition violated?)

\*\*\*\*\*

On \_\_\_\_\_ (date) \_\_\_\_\_ (name of client) was informed of the outcome and it was  
**SAFE to:**

☐ **EXPLAIN** the reasons of the Temporary Revocation

☐ **OFFER** a copy of the Temporary Revocation.

**or**

☐ **Have** \_\_\_\_\_ (name of person who offered copy) **OFFER** a copy of the Temporary Revocation.

☐ **INFORM** you that if your CD were absolutely revoked, you would have the right to an administrative hearing.

\*\*\*\*\*

On \_\_\_\_\_ (date) \_\_\_\_\_ (name of client) was informed of the outcome and it was  
**UNSAFE to:**

☐ **EXPLAIN** the reasons of the Temporary Revocation to her/him.

☐ **OFFER** a copy of the Temporary Revocation to her/him.

**or**

☐ **Have** \_\_\_\_\_ (name of person who offered copy) **OFFER** a copy of the Temporary Revocation.

☐ **INFORM** you that if your CD were absolutely revoked, you would have the right to an administrative hearing.

☐ **It was unsafe to complete the checked boxes in this section of the form because of a significant possibility of bodily harm. My description of the circumstances is detailed below:**

(Only execute this section if the client/patient is too dangerous for you to explain and offer this form.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

What happened? \_\_\_\_\_

Who was present? \_\_\_\_\_

\*\*\*\*\*

☐ **Law Enforcement/Ambulance shall you transport to:** \_\_\_\_\_ (Name of Facility).  
Select Hospital...

**REQUIRED SIGNATURE OF MHC REPRESENTATIVE**

\_\_\_\_\_  
Signature of Psychiatrist, APRN, or Designee

\_\_\_\_\_  
- Signer's Printed Name and Psychiatrist, APRN giving approval

\_\_\_\_\_  
- Phone # of signer