

In the Matter of _____)
_____)
_____)
_____)
_____)
_____)

Docket No. _____

**NOTICE TO COURT OF DISCHARGE SUBJECT TO MANDATORY OUTPATIENT
TREATMENT UNDER T.C.A. §33-6-605**

1. The above-named service recipient is hospitalized under T.C.A. §33-6-501.
2. This hospital has determined that this service recipient is eligible for discharge.
3. The discharge date is _____.

Please mark each statement which is true.

4. _____ This service recipient's discharge is subject to the obligation to participate in mandatory outpatient treatment (MOT) under T.C.A. §33-6-602 according to the attached MOT plan and the service recipient is not subject to judicial review.
5. _____ This service recipient's discharge is subject to judicial review under T.C.A. §33-6-708. See attached MOT plan.

Date

Chief Officer

Telephone Number

Facility

Address

Address