

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE: Involuntary Hospitalization of \_\_\_\_\_ Case No. \_\_\_\_\_ -MH- \_\_\_\_\_

\_\_\_\_\_  
RESPONDENT

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**REPORT OF DISCHARGE OF INVOLUNTARY HOSPITALIZED PATIENT**

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*W. Va. Code §§ 27-7-1, 2, and 3*

Pursuant to the provisions of *West Virginia Code § 27-7-1, 2, and 3* comes \_\_\_\_\_

Chief Medical Officer of \_\_\_\_\_

health facility and reports that \_\_\_\_\_, The Respondent, committed on \_\_\_\_\_ to this mental health facility, is no longer a danger to him/herself and/or others and further reports: *[check applicable provision]*

Respondent was a patient at this mental health facility prior to being placed on convalescent status, has completed six (6) months on convalescent status, and has been discharged from involuntary commitment pursuant to *West Virginia Code § 27-7-2(a)*.

Respondent can no longer benefit from hospitalization and has been discharged from involuntary commitment pursuant to *West Virginia Code § 27-7-1*. **Attached is a copy of the patient's discharge as required by West Virginia Code § 27-7-1.**

The conditions justifying involuntary hospitalization of the Respondent no longer exist and Respondent has been discharged from involuntary commitment pursuant to *West Virginia Code § 27-7-1*. **Attached is a copy of the patients discharge as required by West Virginia Code § 27-7-1.**

Respondent was a patient at this mental health facility prior to being released upon request as unimproved into the care of a responsible person, has returned to this mental health facility for examination by this chief medical officer, is no longer in need of hospitalization, has been discharged from involuntary commitment pursuant to *West Virginia Code § 27-7-3*.

**Date of Discharge:** \_\_\_\_\_

Pursuant to the requirements of *West Virginia Code §27-7-1, 2, or 3*, this Report has been made by this Chief Medical Officer to:

The Circuit Court of Respondent's county of residence, \_\_\_\_\_ County, **OR** Mental Hygiene Commissioner \_\_\_\_\_ of Respondent's county of residence.

**AND**, if different from Respondent's county of residence:

The Circuit Court of \_\_\_\_\_ County in which involuntary hospitalization was or Mental Hygiene Commissioner \_\_\_\_\_ of the County in which involuntary hospitalization was ordered.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
**CHIEF MEDICAL OFFICER OF FACILITY**