

IN THE CIRCUIT COURT OF _____ COUNTY, WEST VIRGINIA

IN RE: Involuntary Hospitalization of _____ Case No. _____ -MH- _____

RESPONDENT

REPORT OF DISCHARGE OF INVOLUNTARY HOSPITALIZED PATIENT

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 form 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