

**TERMINATION OF COURT-ORDERED
IN-PATIENT MENTAL HEALTH SERVICES**

In the matter of: _____ No. _____

To Said Honorable Court:

_____, the Administrator of Harris County Psychiatric Center (HCPC), acting pursuant to Article 5547-71 of the Texas Mental Health Code does hereby inform the court that _____, a person committed to said facility for in-patient mental health services in the above-entitled and numbered case, was discharged from that commitment on the ____ day of _____, 20____ for the following reason:

_____ The Order for temporary or extended mental health services expired on the _____ day of _____, 20____.

_____ The Order for temporary or extended mental health services will expire on the _____ day of _____, 20____.

_____ The head of the facility, prior to the expiration of the Order, determined that the person no longer meets the criteria for court-ordered in-patient mental health services, and that further court-ordered mental health services on an out-patient basis would not be appropriate.

(CHECK ONE)

_____ Patient remains in HCPC on a voluntary status.

_____ Patient discharged to outpatient services on a voluntary status.

_____ Patient no longer requires psychiatric service.

_____ Other (i.e., Administrative, Against Medical Advice, etc.).
REASON:

Attending Physician

Date

Administrator

Date