

TO: \_\_\_\_\_  
Name of service recipient under mandatory outpatient treatment obligation

\_\_\_\_\_  
Name of service recipient's attorney

\_\_\_\_\_  
Name of service recipient's former hospital

\_\_\_\_\_  
Name of court which committed service recipient under T.C.A. §33-6-501

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**NOTICE THAT MANDATORY OUTPATIENT TREATMENT OBLIGATION IS  
RENEWED FOR SIX MONTHS UNDER T.C.A. §33-6-621**

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1. I am the qualified mental health professional treating the above-named service recipient, whose obligation to participate in mandatory outpatient treatment under T.C.A. §33-6-602 expires on (date) \_\_\_\_\_ without renewal under T.C.A. §33-6-621.
2. I have decided to renew the service recipient's obligation to participate in mandatory outpatient treatment for six (6) months based on the following conclusions:
  - 2.1 the service recipient has a mental illness or serious emotional disturbance or has a mental illness or serious emotional in remission, and
  - 2.2 the service recipient's condition resulting from mental illness or serious emotional disturbance is likely to deteriorate rapidly to the point that the service recipient will pose a likelihood of serious harm as defined in T.C.A. §33-6-501 unless treatment is continued, and
  - 2.3 the service recipient is not likely to participate in outpatient treatment unless legally obligated to do so, and
  - 2.4 mandatory outpatient treatment is a suitable less drastic alternative to commitment.
3. I base my conclusions under 2 above on the following facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The service recipient may request a hearing in the court that committed him or her to the hospital, to review my decision to renew the mandatory outpatient treatment obligation.

Date	Name of Qualified Mental Health Professional
Telephone Number	Agency
	Address