

IN THE _____ OF _____ COUNTY, TENNESSEE

In the Matter of _____)
_____)
_____)
_____)
Service Recipient _____)

Docket No. _____

**NOTICE CONCERNING TEMPORARY RECOMMITMENT OF SERVICE
RECIPIENT WHO FAILED TO APPEAR BEFORE COURT UNDER T.C.A. §33-6-611**

TO: SERVICE RECIPIENT _____
SERVICE RECIPIENT'S ATTORNEY _____
SPOUSE OR NEAREST ADULT RELATIVE _____
TREATING PROFESSIONAL _____
COURT WHICH ORDERED RECOMMITMENT _____
COURT WHERE MENTAL HEALTH FACILITY LOCATED _____

FROM: MENTAL HEALTH FACILITY _____

In accordance with the attached order, _____
(Name of service recipient)

has been recommitted on a temporary basis to _____ mental
health facility on _____ (date) _____ (time) because he or she was
found to be out of compliance with his or her mandatory outpatient treatment plan.

A hearing on the non-compliance under T.C.A. §33-6-610 will be scheduled by

(court where the facility is located)

The court shall schedule a hearing under T.C.A. §33-6-616 to be held within five (5) business days of receipt of
this notice.

Date

Chief Officer

Mental Health Facility