

IN THE _____ OF _____ COUNTY, TENNESSEE

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

Docket No. _____

**FINDINGS BY QUALIFIED MENTAL HEALTH PROFESSIONAL UNDER
T.C.A. §§33-6-614 and 615**

1. I am: [check one]

_____ 1.1 The qualified mental health professional treating the above-named service recipient.

_____ 1.2 The appointed substitute of _____, who is the qualified mental health professional treating the above-named service recipient.

2. I have examined this service recipient under T.C.A. §33-6-612 to determine whether the service recipient is in compliance with the mandatory outpatient treatment plan under T.C.A. §33-6-602.

3. As a result of the examination, I have determined that the service recipient:

_____ 3.1 Is complying with the mandatory outpatient treatment plan OR is out of compliance with the mandatory outpatient treatment plan for good cause and will be restored to compliance without further action.

_____ 3.2 Is out of compliance with the mandatory outpatient treatment plan without good cause and can be put immediately in compliance with the mandatory outpatient treatment plan and can be expected to stay in compliance without further hospitalization.

_____ 3.3 Is out of compliance with the mandatory outpatient treatment plan without good cause and can not be put in compliance with the mandatory outpatient treatment plan immediately or cannot be expected to stay in compliance without further hospitalization.

4. I base my determination on the following findings: _____

Therefore: [check one of the following]

1. _____ I have released the service recipient and the mandatory outpatient treatment plan continues.

2. _____ The sheriff shall immediately transport the service recipient to _____
(name of hospital)
and the hospital shall admit the service recipient and give notice of the recommitment to the person's attorney and others required under T.C.A. §33-6-610(d)(2).

Date

Qualified Mental Health Professional

Telephone Number

Agency

Address