

## NOTICE OF TRANSFER OF PATIENT

IN THE MATTER OF:

TRANSFERRED FROM: \_\_\_\_\_  
Treatment Facility

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Court Case Number

TRANSFERRED TO: \_\_\_\_\_  
Treatment Facility or Program

To the District Court of \_\_\_\_\_, County, State of Utah, and to the law  
firm of: \_\_\_\_\_  
(patient's legal counsel of record)

Record the specific place of residence where this patient can be located at the time  
for the next court review of commitment status:

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City State Phone

The above transfer was made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
The judicial order of commitment is still intact.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Director or Designee

\_\_\_\_\_  
Title