

**NOTICE OF DISCHARGE FROM
ORDER FOR ASSISTED OUTPATIENT TREATMENT**

Local Mental Health Authority

IN THE MATTER OF:

Patient

Case Number

To the _____ District Court of _____ County, State of Utah:

The reasons justifying the court ordered Assisted Outpatient Treatment of the above-named patient no longer exist and the patient is discharged from court ordered treatment.

Dated this _____ day of _____, 20_____.

Director or Designee

Instructions: Each local mental health authority or its designee shall, as frequently as practicable, examine or cause to be examined every person who has been committed to it. Whenever the local mental health authority or its designee determines that the conditions justifying involuntary commitment no longer exist, it shall discharge the patient. If the patient has been committed through judicial proceedings, a report describing that determination shall be sent to the clerk of the court where the proceedings were held. UCA 26B-5-336