

## Notification of Involuntary Hospitalization Due Process Committee Hearing

Date: \_\_\_\_\_

To: \_\_\_\_\_ ID # \_\_\_\_\_  
Offender Name

From: \_\_\_\_\_  
Mental Health Unit Manager Facility

RE: Mental Health Involuntary Psychiatric Hospitalization Due Process Committee Hearing

This is to advise you that a due process committee will meet on \_\_\_\_\_ at \_\_\_\_\_ hours in the following location: \_\_\_\_\_. The purpose of the meeting is to determine whether you meet the criteria for involuntary psychiatric hospitalization.

A representative from the GDC Mental Health Staff, \_\_\_\_\_, has been appointed to assist you as your advocate. The assistance of this staff member will be limited to helping you to verbalize your reasons for refusal of the hospitalization.