## **Notification of Involuntary Hospitalization Due Process Committee Hearing**

Date:	
То:	ID #
Offender Name	_
From:	
Mental Health Unit Manager	Facility
KE: Mental Health Involuntary Psychiatric	c Hospitalization Due Process Committee Hearing
	mmittee will meet onathours in
the following location:	The purpose of the meeting is to
determine whether you meet the criteria for	r involuntary psychiatric hospitalization.
A representative from the GDC Mental I	Health Staff,
has been appointed to assist you as your limited to helping you to verbalize your re	advocate. The assistance of this staff member will be
minica to helbing you to verbalize your le	asons foi iciusal of the hospitanzation.

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Retention Schedule: Completed forms will be given to the offender, a copy will be given to the Psychiatric Hospital, and a copy will be placed in the offender's mental health file (section 5) and medical file (section 5). At the end of the offender's need for mental health services and/or sentence, the mental health file will be placed within the offender's health record and retained for 10 years.