Ohio Department of Mental Health
Notice to Court or Agency

Print Form

In Accordance with 5122.21, 5122.23, and 5122.26 ORC

TO:

- ☐ Common Pleas Court
- ☐ Municipal Court
- ☐ Juvenile Court
- ☐ Probate Court

Judicial Case No.	
Date	
County	
City	State Ohio

SUBJECT: REPORT OF CHANGE OF STATUS OF _____ _____
(Patient's Full Name) (PCS ID No.)

In accordance with the aboce Ohio Revised Code sections, you are hereby notified that the above named person, a patient of this facility:

- ☐ Has been discharged from this facility effective _____ (Date)
- ☐ Has been placed on AWOL on _____ (Date)
- ☐ Has been transferred from this facility effective _____ (Date) _____ (Name of Facility Receiving Patient)
- ☐ Has been returned to this facility from _____ (TV or AWOL) _____ (Date)
- ☐ Was received by transfer _____ (Date) _____ (Name of Transfering Facility)
- ☐ Died _____ (Date)
- ☐ Has been accepted for voluntary admission _____ (Date Accepted)

Sincerely,

Chief Clinical Officer or Designee
Name of RPH, Board, or Agency
County