

**NOTIFICATION OF MEMBER'S RIGHT TO REQUEST JUDICIAL REVIEW  
AND RIGHT TO SPEAK TO LEGAL COUNSEL**

Member's Name: \_\_\_\_\_ MH#: \_\_\_\_\_ DOB: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Staff Phone: \_\_\_\_\_

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I have been informed of my right to Judicial Review and right to speak with Legal Counsel.

I **do not** request a Judicial Review at this time.

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**REQUEST FOR JUDICIAL REVIEW**

I **do** request a Judicial Review at this time

Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, am currently receiving treatment under court order at \_\_\_\_\_.  
I herein request release from court-ordered treatment and exercise my right to judicial review. I have not made a request for review in the past sixty (60) days. I have been advised of my right to legal counsel.

Received by:

Requested by:

\_\_\_\_\_  
Staff signature/Date

\_\_\_\_\_  
Member signature/Date

\_\_\_\_\_  
(if other than member, state relationship)