



## Notice of Voluntary Person's Right to Request Discharge Part I

A voluntary person may request discharge either orally or in writing at any time following admission to the facility. If the request for discharge is made by someone other than the person, the discharge may depend on the express and informed consent of the person.

If you request discharge you will be discharged within \_\_\_\_\_ hours after your request unless you withdraw your request or you meet the criteria for involuntary services. If you meet the criteria for involuntary services, the facility administrator may file a petition with the court and you will be detained without your consent, pending a court hearing.

If you wish to request discharge at any time during your stay at this facility, complete the Application for Discharge below. No action on your part is required, unless you wish to make arrangements for release.

The procedure for requesting discharge has been explained to me and I have had the opportunity to ask questions and receive answers about my right to request discharge.

_____	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
Printed Name of Person	Signature of Person	Date (mm/dd/yyyy)	Time	
_____	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
Printed Name of Witness	Signature of Witness	Date (mm/dd/yyyy)	Time	

## Application for Discharge Part II

I, \_\_\_\_\_ do hereby apply for my release.

_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
Signature of Person or Authorized Person	Date (mm/dd/yyyy)	Time	

## Withdrawal of Application for Discharge Part III

I, \_\_\_\_\_ freely and voluntarily rescind my previous oral or written Application for Discharge. No force, fraud, deceit, duress, or other form of constraint or coercion was used to obtain this withdrawal of my Application for Discharge.

_____	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
Printed Name of Person	Signature of Person	Date (mm/dd/yyyy)	Time	
_____	_____	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
Printed Name of Witness	Signature of Witness	Date (mm/dd/yyyy)	Time	