

TO: CHIEF MEDICAL OFFICER
FROM: FORENSIC SERVICES COORDINATOR
SUBJECT: FORENSIC CONSULTANT COMMITTEE RECOMMENDATION FOR RELEASE –
NGRI
RE: CLIENT’S NAME:
CASE NUMBER: COUNTY:
LOCATION:
ADMISSION DATE: EXPIRATION DATE:

_____ We have reviewed the above-named client’s summary reports and evaluations from the Comprehensive Review Committee and find that he/she requires continued hospitalization and treatment.

_____ We have reviewed the above-named client’s summary reports and evaluations and recommend initiation of release process.

_____ Other: _____

Date

Signature
Forensic Services Coordinator

I have been informed of the recommendations above and of my independent right to petition the court for a release hearing.

Date

Client’s Signature

Date

Witness Signature