



(CONTINUED INVOLUNTARY TREATMENT)

DUE PROCESS HEARING FORM

Report of Advocate

Advocate requested by youth:
Name:

Advocate appointed for youth
Name:

Date of Meeting with Youth:

Time of Meeting with Youth:

Meeting conducted via: Video Conferencing Face to Face Meeting Telephone

Advocate's Recommendation(s):

Advocate's Signature:

Date:

Due Process Hearing

Date:

Time:

Location:

Hearing conducted via: Video Conferencing Face to Face Meeting

Staff and Others Present:

Panel Chairperson's Comments about Hearing:

Findings and Justification:

Continue involuntary medication

Justification:

The youth's physical or mental condition makes him/her unable to consent/comply and the youth is or would be a danger to him/herself or others without medication

The youth or parent/guardian refuses to consent/comply and the youth is or would be a danger to him/herself or others without medication

Discontinue involuntary medication

Justification:

Other Recommendations:

Panel Chairperson's Signature:

Date: