

TO: \_\_\_\_\_  
District Attorney General

\_\_\_\_\_  
Name of service recipient's attorney

\_\_\_\_\_  
Name of discharging inpatient facility

RE: \_\_\_\_\_  
Name of service recipient

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**NOTICE OF REVIEW OF MANDATORY OUTPATIENT TREATMENT  
UNDER T.C.A. §33-7-303(b)**

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1. I am the qualified mental health professional treating the above-named service recipient, who is obligated to participate in mandatory outpatient treatment under T.C.A. §33-7-303(b).

This case is due for review no later than \_\_\_\_\_.

Please mark the statement which is true.

2. \_\_\_\_\_ This service recipient has been compliant with his or her mandatory outpatient treatment obligations under T.C.A. §33-7-303(b).

\_\_\_\_\_ This service recipient has not been compliant with his or her mandatory outpatient treatment obligations under T.C.A. §33-7-303(b).

3. I base my conclusions under 2 above on the following facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I make the following recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Qualified Mental Health Professional

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address