REVOCATION CERTIFICATE

1. I, the undersigned, hereby certify that I am a (please check one) [ ]  psychiatrist, [ ]  resident in psychiatry, [ ]  physician/APRN, [ ]  case manager. The following information regarding the proposed patient is submitted:

NAME OF PATIENT: Click here to enter patient name

|  |  |
| --- | --- |
| PATIENT DATE OF BIRTH: | Click here to enter patient date of birth |
| GENDER: | Click here to enter patient gender |
| ADDRESS OF PATIENT: | Click here to enter patient address line 1 |
|  | Click here to enter patient address line 2 |
| NAME OF PARENT / LEGAL GUARDIAN: | Click here to enter guardian name |
| ADDRESS OF PARENT / LEGAL GUARDIAN: | Click here to enter guardian address line 1 |
|  | Click here to enter guardian address line 2 |

2. What is your relationship to patient? How long have you known the patient?

Click here to enter text

3. Does the patient have any serious physical illness or recent physical injury? If so, describe:

Click here to enter text

4. Which condition(s) of the current Order of Non-Hospitalization is the patient in violation of?
Click here to enter text

5. What facts have you observed and/or were reliably reported to you (identify by whom) that lead you to believe that the patient is in violation of the current Order of Non-Hospitalization? What did the patient say? What did the patient do?

Click here to enter text

6. What facts have you observed and/or were reliably reported to you (identify by whom) that lead you to believe that the patient, independent of his or her compliance with the conditions of the Order of Non-Hospitalization, can no longer receive adequate and appropriate treatment on an outpatient basis?

Click here to enter text

7. Does any less restrictive alternative to involuntary hospitalization currently exist that would meet the patient’s treatment needs?

Click here to enter text

8. List eye-witnesses to the behavior that is alleged above (if there are additional witnesses please attach the names, addresses and phone numbers of the additional witnesses):

NAME OF WITNESS: Click here to enter witness name

ADDRESS OF WITNESS: Click here to enter witness address

PHONE NUMBER OF WITNESS: Click here to enter witness phone number

NAME OF WITNESS: Click here to enter witness name

ADDRESS OF WITNESS: Click here to enter witness address

PHONE NUMBER OF WITNESS: Click here to enter witness phone number

NAME OF WITNESS: Click here to enter witness name

ADDRESS OF WITNESS: Click here to enter witness address

PHONE NUMBER OF WITNESS: Click here to enter witness phone number

Signed under the penalties of perjury. 13 V.S.A. § 2901.

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| --- | --- |
| January 22nd, 2019 |  |
| Date | SignatureClick here to enter your name |
|  | Print or Type NameClick here to enter your work address |
|  | Work AddressClick or here to enter your work number |
|  | Work Telephone Number |