

Memorandum

DATE:

TO: Chairperson - Mental Health Review Committee

FROM:

SUBJECT: Involuntary Psychotropic Medication Administration

The following prisoner was found to be in need of psychotropic medication on an involuntary basis by _____ on _____.

The following information is submitted in order for you to schedule the prisoner for a Mental Health Review Committee due process hearing within 72 hours or as soon as thereafter possible.

Prisoner's Name and OTIS Number: _____

Diagnosis: _____

Reasons for Involuntary Medication: _____

Cc: Medical File
Mental Health File
Mental Health Supervisor