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

Department of Corrections, Form 807.16A
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