

**Request for Suspension of Outpatient  
Treatment Plan [Pursuant to ARS §36-540(E)]**

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MH#: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Date of Court Ordered Treatment: \_\_\_\_\_

I, \_\_\_\_\_, acting Medical Director/or designee for \_\_\_\_\_

Hereby request that the outpatient treatment status for the above-named individual be suspended.

Emergency Suspension – individual has been transported to inpatient facility.

[Emergency basis pursuant to A.R.S. §36-540(E)]

Date returned to inpatient status: \_ \_\_\_\_\_

Facility: \_ \_\_\_\_\_

For emergency suspension, describe the imminent nature of individual's dangerous behaviors/symptoms to self or others (Clearly document behaviors for which emergency suspension is requested or this form cannot be submitted to the court)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non Emergent Suspension – individual has not yet been transported to inpatient facility.

This is continuation of a suspension request initiated on: \_\_\_\_\_

Individual's current location: \_\_\_\_\_

Individual's current address: \_\_\_\_\_

Individual's telephone number: \_\_\_\_\_

Facility in which to be admitted: \_\_\_\_\_

The individual has failed to comply with the outpatient treatment plan, specifically:

\_\_\_\_\_

The individual manifests the following behavior and symptoms:

\_\_\_\_\_

The following outreach attempts were made to contact individual to avoid suspension:

1.

\_\_\_\_\_

\_\_\_\_\_

2.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Medical Director/or Designee Signature

\_\_\_\_\_  
Date

**STATE OF ARIZONA)**

) ss:

**COUNTY OF PIMA)**

SUBSCRIBED, SWORN to and ACKNOWLEDGED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_