

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA

IN RE:

Respondent

CASE NO: _____

**Notification to Court of Withdrawal of Petition
For Hearing on Involuntary Treatment**

YOU ARE HEREBY INFORMED THAT

Client

at

Facility Name and Address

has made application by express and informed consent for voluntary admission, due to an improvement in his/her condition.

was discharged on _____ to _____
Date (mm/dd/yyyy) Destination (if known)

was transferred on _____ to _____
Date (mm/dd/yyyy) Destination (if known)

was converted to Baker Act on _____
Date (mm/dd/yyyy)

Other – Specify below:

Please withdraw my Petition for Involuntary Treatment filed on _____
Date (mm/dd/yyyy)

Signature of Administrator or Designee _____ _____ am pm
Date (mm/dd/yyyy) Time

Printed Name of Administrator or Designee

cc: Clerk of the Court (Probate Division) Client Guardian Client's Attorney

Telephone notification to all parties, including family members and other persons expected to attend or testify should occur immediately after the decision to withdraw the petition is made.