

MEMORANDUM

DATE:

TO: Medical Advisory Committee

FROM: _____ and _____
(Prisoner) (Assisting Staff Person)

SUBJECT: Appeal of Mental Health Review Committee's Decision Approving
Involuntary Administration of Psychotropic Medication

Dr. _____, has diagnosed _____,
(Prisoner)

OTIS Number _____ as _____,
(Diagnosis)

And on _____ ordered psychotropic medication to be administered on an
(Date)
involuntary basis.

On _____, the Mental Health Review Committee concurred that

_____ Was in need of involuntary medication.
(Prisoner)

_____ Is appealing the Committee's decision to you and this
(Prisoner)
written notice of appeal is submitted for your review. Attached are all related Mental Health Review Committee forms, medical records, tape recording of the hearing before the Mental Health Review Committee, and the prisoner's appeal statement regarding the Committee's decision approving involuntary administration of psychotropic medication.

The reasons in support of this appeal are as follows:

Cc: Medical File
Mental Health File
Mental Health Supervisor