IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF MARICOPA

In the Matter of:	)	MH
	)	
	)	**RELEASE FROM EVALUATION**
	)	(Pursuant to A.R.S. § 36-531)
Re: Mental Health Services	)	

Pursuant to the authority granted by the Arizona Revised Statutes 36-531, I, the undersigned Medical Director, hereby release _____ from further evaluation, care, or treatment at this facility for the reason that:

_____ further evaluation is not appropriate; or

_____ the proposed patient has been admitted to _____ for further care and treatment on a voluntary basis.

DATED: _____

_____
[ ]
Medical Director,
Magellan Health Services of Arizona

STATE OF ARIZONA)
) ss
COUNTY OF MARICOPA)

Subscribed and sworn to before me this the _____ day of _____, 20____.

_____
NOTARY PUBLIC OR DEPUTY CLERK OF THE SUPERIOR COURT

My Commission Expires: _____, 20____.