



# REQUEST FOR SUPERINTENDENT'S AUTHORIZATION TO TRANSFER INVOLUNTARILY COMMITTED PATIENT

State Form 46616 (R2 / 3-06) / OGC 0006

To the Superintendent:

Name

The undersigned requests your authorization to transfer \_\_\_\_\_ from  
\_\_\_\_\_ to \_\_\_\_\_  
on or about \_\_\_\_\_  
(month, day, year).

1. This request is made for the following reason(s) (Explain fully, adding additional sheets, if necessary):

- ☐ Security: \_\_\_\_\_
- ☐ Proximity to home: \_\_\_\_\_
- ☐ Program: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

2. The patient was informed of the proposed transfer and the patient:

- ☐ objects to the proposed transfer.
- ☐ is agreeable to the proposed transfer.
- ☐ has not expressed feelings on the proposed transfer.

3. The patient's commitment is a:

- ☐ temporary commitment, which expires on \_\_\_\_\_  
(month, day, year)
- ☐ regular commitment, and the next Periodic Report is due \_\_\_\_\_  
(month, day, year)

The committing court is \_\_\_\_\_, cause number \_\_\_\_\_.

4. Persons to receive notice of the transfer:

Name of legal guardian(s)

Address (number and street, city, state, and ZIP code)

Name of parent(s)

Address (number and street, city, state, and ZIP code)

Name of spouse

Address (number and street, city, state, and ZIP code)

Name of attorney

Address (number and street, city, state, and ZIP code)

Name of other person requested by patient

Address (number and street, city, state, and ZIP code)

Signature of superintendent of transferring facility

Date (month, day, year)