



REQUEST FOR DISCHARGE

Ref. 405 ILCS 5/3-403 and 4-306

I request that _____ be discharged from _____
(Individual's name)
_____ at the earliest appropriate
(Name of facility)

time, not to exceed five days, excluding Saturdays, Sundays, and holidays after the date indicated by my signature, unless I withdraw this request in writing.

Requestor Printed Name: _____

Requestor Signature: _____ Date: _____

Relationship (individual/parent/guardian/person in loco parentis)

TO BE COMPLETED BY FACILITY:

This request was received at _____ on _____
time (include AM or PM) Date (month, day, year)

Staff Printed Name and Title: _____

Staff Signature: _____

A copy of this form was provided to the individual or his/her authorized representative in

English Spanish Other (Specify): _____

by (name and title): _____

on _____ at _____
(Date) (Time)

Individual:	
Date of Birth:	Sex:
Identification Number:	
Facility:	
Subunit:	