



Involuntary Transfer or Discharge Request for Hearing

INSTRUCTIONS

If you wish to contest the proposed involuntary transfer or discharge, please complete this form and mail it, in the postage-paid, preaddressed envelope provided to you by the facility with the Notice of Involuntary Transfer or Discharge, to the Illinois Department of Public Health, Hearings Review Office, 535 W. Jefferson St., Springfield, IL 62761 within 10 days after receiving the Notice of Involuntary Transfer or Discharge. You may also fax your Request for Hearing to Illinois Department of Public Health, Attention: Hearings Review Office at 217-557-3497.

FACILITY INFORMATION

Name _____ Address _____
County _____ Telephone Number _____ Date of Notice to Resident _____

RESIDENT INFORMATION

Name _____ Representative _____
Representative's Address _____ Representative's Telephone Number _____

I request a hearing, within 10 days of receipt of this request by the Illinois Department of Public Health, to contest the Notice of Involuntary Transfer or Discharge received by

_____ on _____, 20__.

Signature of person requesting a hearing _____

Relationship to the resident _____

Date _____

Name of resident or agent's attorney _____

Attorney address _____

Attorney phone number _____