IN THE DISTRICT COURT OF THE \_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT

OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAGISTRATE DIVISION

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| In the Matter of the Hospitalization of  **,**  *dob:*  *S.S. #:* | )  )  )  )  )  )  )  )  )  )  )  ) | **CV01-**  **RELEASE OF PROTECTIVE PLACEMENT OF NEUROCOGNITIVE DISORDER UNDER I.C. § 56-2104(4)** |

I am a health care provider at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have examined the above person and determined they no longer meet criteria for protective custody. The above person was released from protective custody on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ at \_\_\_\_:\_\_\_\_ \_\_.m.

HEALTH CARE PROVIDER:

Name of Health Care Provider

Signature of Health Care Provider