

**Recommendation for Release from Custody**

I, \_\_\_\_\_, a qualified mental health professional, having examined \_\_\_\_\_, pursuant to SDCL 27A-1-2 (adults) or 27A-15-5 (minors), and having found that the above named individual does not meet the criteria for emergency mental commitment, hereby recommend to the chairman of the \_\_\_\_\_ County Board of Mental Illness that this person be released from custody.

\_\_\_\_\_  
Qualified Mental Health Professional

STATE OF SOUTH DAKOTA ) THE \_\_\_\_\_ COUNTY BOARD

COUNTY OF \_\_\_\_\_ ) OF MENTAL ILLNESS

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In the Matter of )

ORDER  
FOR RELEASE

\_\_\_\_\_, )

alleged mentally ill )

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I am the chair of the Mental Illness Board in \_\_\_\_\_ County. I have been contacted by a law enforcement officer to respond to a petition for the involuntary commitment of the above named person.

Based upon the information above noted, I conclude that this person does not meet the criteria for involuntary commitment established by SDCL 27A-1-2 (adults) or 27A-15-5 (minors). It is therefore

ORDERED that \_\_\_\_\_ is hereby released from custody.

Dated at \_\_\_\_\_, South Dakota this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name  
Chairman of the \_\_\_\_\_  
County Board of Mental Illness