



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____

Court Address

Telephone _____

Case No. _____

Tracking Number _____

In the Matter of _____

Name of Respondent

NOTIFICATION OF DISMISSAL OF PETITION FOR ASSISTED OUTPATIENT TREATMENT UPON STIPULATED AGREEMENT (Maryland Rule 2-506(a))

The care coordination team provides notice to the court, as required by Health-General Article, § 10-6A-06(b)(3)(ii), that respondent has voluntarily agreed to the attached treatment plan and that, as set forth herein, the parties have entered into a stipulated agreement and a voluntary dismissal of the petition under Maryland Rule 2-506(a).

_____ Date

_____ Name of Care Coordinator

_____ Signature of Care Coordinator

CONSENT TO ATTACHED TREATMENT PLAN

I, _____, voluntarily consent to treatment in accordance with the attached treatment plan.
Respondent's Name

The terms of this Notification of Dismissal of Petition for Assisted Outpatient Treatment Upon Stipulated Agreement have been fully explained to me, and I have been given the opportunity to ask questions.

_____ Date

_____ Signature of Respondent

_____ Signature of Respondent's Attorney

_____ Attorney Number

DISMISSAL UPON STIPULATED AGREEMENT

In accordance with Health-General Article, § 10-6A-06(b)(3), on this _____, petitioner and respondent, upon this stipulated agreement, voluntarily dismiss, under Maryland Rule 2-506(a), the Petition for Assisted Outpatient Treatment filed in this case because respondent has voluntarily agreed to treatment in accordance with the attached treatment plan.
Date

_____ Signature of Petitioner

_____ Signature of Respondent

_____ Signature of Respondent's Attorney

_____ Attorney Number