



CIRCUIT COURT FOR _____, MARYLAND

Located at _____ City/County Telephone _____

Court Address _____

Case No. _____

Tracking Number _____

In the Matter of _____

Name of Respondent

MOTION TO [] STAY [] VACATE [] MODIFY ASSISTED OUTPATIENT TREATMENT ORDER (Maryland Rule 15-1708)

In the above-captioned case, I am [] the petitioner [] the respondent [] a care coordination team member. I ask this court to: (Choose One)

[] STAY the Assisted Outpatient Treatment Order in this case dated _____. The reasons for this request are:

[] VACATE the Assisted Outpatient Treatment Order in this case dated _____. The reasons for this request are:

[] MODIFY the Assisted Outpatient Treatment Order in this case dated _____ to include a material change to the treatment plan (Health-General Article, § 10-6A-09(a)). A material change to the treatment plan is essential for maintenance of the respondent's health or safety because:

[] The respondent consents to the proposed material change and the consent is attached; [] The respondent does not consent to the proposed material change; or [] I do not know if the respondent consents to the proposed material change.

[] The respondent requests a hearing on the motion; or [] I do not know if the respondent requests a hearing on the motion.

Date

Signature

Street Address

Printed Name

City, State, Zip

Telephone Number

E-mail

Fax

TO THE COURT: Under Maryland Rule 15-1709, this motion shall be shielded upon filing and not open for public inspection. It may not be published on Maryland Judiciary Case Search.

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Motion to Stay Vacate Modify Assisted Outpatient Treatment Order as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Date Signature Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).

**ORDER REGARDING MOTION TO STAY VACATE MODIFY
ASSISTED OUTPATIENT TREATMENT ORDER**

After having considered the motion, and any timely response filed, as well as any evidence considered b the court at a hearing requested by the respondent or held on the court’s own initiative, it is **ORDERED** that:

- The motion to stay the Assisted Outpatient Treatment Order is **GRANTED**.
- The motion to vacate the Assisted Outpatient Treatment Order is **GRANTED**.
- The motion for modification of the Assisted Outpatient Treatment Order is **GRANTED**.
 - The respondent consents to the proposed material change; or
 - The court finds by clear and convincing evidence that the material change is essential to the respondent’s health or safety.

The motion is **DENIED** because _____

Date Judge ID Number

Judge’s Printed Name