I, Dr. _______________________________ (full name), a psychiatrist on the staff of ____________________________________ (name of psychiatric facility), personally examined ____________________________________ (full name of person) who is the subject to [of] a community treatment order on ___/___/____ (dd/mm/yyyy) at ______ a.m./p.m. at ______________________________ (location of examination).

It is my opinion that the person still fulfills the criteria of the original community treatment order dated ___/___/_____ (dd/mm/yyyy) and that the community treatment order has demonstrated efficacy.

I therefore renew the community treatment order beginning ___/___/_____ (dd/mm/yyyy) and ending on ___/___/_____ (dd/mm/yyyy - date up to 6 months after date this order is signed), unless it is renewed or ended earlier.

_________________________________ (signature of witness) __________________________ (signature of psychiatrist)

__________________ __________________ (witness’s name - printed) __________________________ (psychiatrist’s name - printed)

__________________________ (date of signature) __________________________ (date of signature)

Note:
In accordance with Section 52 of the Act, a community treatment order may be renewed for 6 months at any time before it expires and within 1 month after it expires. There is no limit to the number of times a community treatment order may be renewed.