

OKLAHOMA DEPARTMENT OF CORRECTIONS

Correctional Center/Facility

Involuntary Medication Hearing Staff Representative Fact Sheet

Facility Inmate Name ODOC Number

1. Appointed as staff representative by the Medication Review Committee Chair:

Staff Name Printed Date Facility

2. Familiarized self with inmate's mental health history and current psychiatric documentation for involuntary medication.

3. Met with inmate on

- A. Explained inmate's rights prior to involuntary medication hearing.
B. Offered assistance in preparing case objecting to involuntary medication.
C. Explained nature and purpose of the hearing.

4. The following individuals were notified to appear at the hearing scheduled for:

Date at Time a.m./p.m., at Location

to object to administration of involuntary medication(s):

Name Date/Time of Notification Form of Notice

5. At the hearing that took place on (Date), the following witnesses objecting to involuntary medication were present:

[Blank lines for witness names]

The following witnesses supporting involuntary medication were cross-examined:

[Blank lines for witness names]

6. If the Medication Review Committee decision supports administration of involuntary medication and the inmate appealed the decision, I was involved in this appeal.

Staff Representative Date

cc: Medical File Chair