

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
NOTICE TO CONVENE A HEARING FOR TREATMENT WITH
ELECTROCONVULSIVE THERAPY (ECT)**

To: _____
Child Name

Identification # _____

In accordance with Utah Rule 523-8-5 (<https://rules.utah.gov/publicat/code/r523/r523-008.htm>), you are being informed of a Hearing to be held on the _____ day of _____, 20_____, at _____ am/pm to discuss treatment with Electroconvulsive Therapy (ECT).

This hearing will be held at _____

You have the right to:

- Attend the hearing;
- Have an adult informant (guardian) present;
- Ask pertinent questions;
- Request a second opinion of decision to treat with ECT within 24 hours (excluding Saturdays, Sundays and legal holidays) of the initial hearing.

DATED this _____ day of _____ 20_____.

Presented to the child/guardian by: _____
Signature/Title Date/Time

Sign below to indicate that you have been notified of the hearing.

Child Signature Date

Guardian Signature Date

Witness Signature/Title Date

_____ Child/guardian refused to sign.