

REVOCATION OF
DECLARATION FOR MENTAL HEALTH TREATMENT

I, _____,
Declarant, executed a Declaration for Mental Health Treatment on the _____ day of
_____, 20____.

755 ILCS 43/50 provides that a Declaration may be revoked in whole or in part by
written statement at any time by the principal if the principal is not incapable.

This is my written revocation as indicated above of my Declaration for Mental Health
Treatment and is provided to all persons to whom I have provided a copy of my that
Declaration.

DATED this the _____ day of _____, 20____.

Signature of Declarant: _____

Printed Name of Declarant: _____

Address of Declarant: _____