

DRAFT
LETTER OF DISCHARGE

Date: _____

To: _____

†	Victim and/or Current Partner	†	Victim Advocate
†	Criminal Justice System	†	Law Enforcement
†	Other Service Provider	†	Client
	(_____)		

Dear _____,

This letter is to inform you that _____ has been terminated from (BIP). The reasons for this termination are as follows:

The following recommendations and/or referrals are being made for continuing treatment, counseling, or other services:

If you have any questions regarding this client, please call me at (xxx-xxx-xxxx)

(BIP) Staff: _____

Signature: _____

Name of (BIP): _____