

# Mental Health PTI Monthly Report

<b>Defendant Information</b>		
First Name:	Middle Name:	Last Name:
Case #:	Phone:	
Current Address :		
<b>Mental Health Provider Information</b>		
Provider Name:		
Address:		
Contact Person:	Phone:	
<b>Mental Health Treatment and Substance Use</b>		
The Defendant is receiving mental health treatment as recommended by the attending physician and taking psychiatric medications as prescribed. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Defendant, to the extent possible, is participating in programs coordinated by authorized treatment personnel. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Defendant has consumed alcohol, non-prescribed medications, or illicit substances as evidenced by blood or urinalysis. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Done		
<b>Compliance</b>		
Please check one:		
<input type="checkbox"/> The Defendant is in substantive compliance with special conditions of Mental Health PTI agreement.		
<input type="checkbox"/> The Defendant is NOT in substantive compliance with special conditions of Mental Health PTI agreement.		
<input type="checkbox"/> The Defendant is compliant with treatment but there are concerns about his/her progress.		
*Comments:		
<i>* The exchange of information is only limited to compliance with the special conditions of the Mental Health PTI agreement and not to any other confidential information.</i>		

\_\_\_\_\_  
Mental Health Provider Representative

\_\_\_\_\_  
Date

Cc: Department of Corrections  
Defense Counsel  
Mental Health Liaison, 13<sup>th</sup> Judicial Circuit