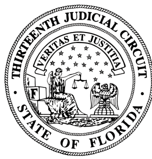

ADMINISTRATIVE OFFICE
OF THE COURTS
Problem Solving Treatment Courts

Treatment Status Review

(Please fill out all blank fields)

*Please check one

Juvenile (JDC)	JDP/Civil Citation
Family Dependency	Adult Drug "Recovery" Court
Marchman Act	Mental Health
Adult Pre-Trial Intervention	Veterans (VTC)
Juvenile Mental Health	Drug Court Expansion

CLIENT INFORMATION					
Date of Report:					
First Name:		MI:		Last Name:	
Date of Birth:		Client ID#:			

PROVIDER/AGENCY INFORMATION			
Provider Name:		Counselor:	
Phone Number:		Email Address:	

TREATMENT								
Date of Intake at Current LOC (level of care):		Estimated Completion Date at Current LOC:						
Level of Participation and Level of Care:								
Residential	Intensive Outpatient	Out-patient	Aftercare	Recovery Support	Other			
Medication: *Compliant*		Yes		No		N/A	Comments:	
MAT Dosage:	Methadone		Buprenorphine		Vivitrol		Other	

PROGRAM ATTENDANCE: ***Since Last Report****				
Service Activity	Scheduled	Attended	Excused	Unexcused
Individual Sessions				
Group Sessions				
Specify the Treatment Schedule: (M-W-F 9:00am – 11:00am)				
The Client is COMPLIANT with their treatment plan.				
The Client is NOT COMPLIANT with their treatment plan.				
The Client is COMPLIANT with some concerns				
*Therapist/Case Manager Comments (Please report positive changes, accomplishments, and/or challenges to treatment):				

Current Prognosis:	Good	Fair	Poor			
First Name:		MI:		Last Name:		

*Recommendations/Discharge Plan:
The exchange of information is only limited to compliance with the conditions of the Treatment Plan and not to any other confidential information.

URINE DRUG SCREENS (UDS): ***Since Last Court Date****											
UDS Date:	Panel #:	RESULTS: Please check either Pending, Negative or Positive *(If Positive Indicate Drug)*									
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
			Pending		Negative		Positive	Drug Name:			No Show
Notes:											

DRUG & ALCOHOL SCREENS: ***Cumulative Totals Since Program Admission (Numerical)***		
Positive	Negative	Unexcused

Additional Comments:			
Support Group/Meetings Attendance (AA/NA/PTSD):	Yes	No	N/A
Current School Enrollment:	Yes	No	N/A
Employer Name:			
Compliant with Visitation Court Order:			
If No, please explain:			

____   ___________________________

Agency Representative   Date

This report serves exclusively to verify the progress and overall treatment status of referred individuals and participants of the Hillsborough County, Problem-Solving Treatment Courts. I hereby certify that the information provided above is true, correct and complete to the best of my knowledge.