



ADMINISTRATIVE OFFICE OF THE COURTS
Problem Solving Treatment Courts

ADULT MENTAL HEALTH COURT

Treatment Status Review (Please fill out all blank fields)

Date of Report:							
Client first name:				MI:		Last Name:	
Date of Birth:				Case No.:			
PROGRAM / AGENCY	EOD ACTS			MHPTI IBIS			
Program CM Name:							
CM Email Address:				CM phone #			
Date services began:							
Date(s) of contact with client:							
TREATMENT							
Treatment Plan Recommendations (please put "NA" if service was not recommended)							
Therapy		times a		Agency		Discharge date	
Group		times a		Agency		Discharge date	
Med Mgm		times a		Agency		Discharge date	
UA's		times a		Agency		Discharge date	
Level of care:		Residential		IOP		Outpatient	
Compliance:		Compliant		Non-compliant		Compliant with concerns	
*Therapist/Case Manager Comments (Please report positive changes, accomplishments, and/or challenges to treatment):							
Recommendations / Discharge Plan / Transition Plan:							

URINE DRUG SCREENS (UDS) Since last court date *	
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[illegible]

Support Group meetings (AA/NA)	Yes		No		NA			# per week:	
Are meetings verified?	Yes		No		NA				

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

13th Judicial Circuit • 419 Pierce Street, Suite 107, Tampa, FL 33602 • <http://www.fljud13.org/>
(Revised September 25, 2025)