

## MENTAL HEALTH COURT PROBATION REPORT

<b>Probation Officer: Pat Chase</b>	
Your name:	Date:
Address: (# & street) (apt or lot #) (city, state, zip)	Telephone #:
Is this address and/or phone number new? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been arrested or had <b>any</b> contact with the police since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Have you met with your psychiatrist since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No Were there any changes made to your medications or treatment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were they:  When is your next appointment with your doctor?	
What medications are you currently taking?  Are you taking them as prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you experiencing any side effects? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had any contact with your caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what did you talk about or what assistance did you receive?	
Are you in any form of treatment/therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are you working on in treatment/therapy?	
Did you miss any appointments since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Did you use any drugs or alcohol since your last report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain?	

**CONTINUE ON OTHER SIDE**

Did you miss any drug or alcohol tests since your last report?  Yes  No

If yes, than what happened?

Did you have any positive drug or alcohol screens?  Yes  No

Did you attend any 12 Step meetings?  Yes  No

If yes, how many?

Did you bring your sign in sheet?  Yes  No

Were you court ordered to any Community Service or Sheriff Work Program?  Yes  No

Did you do any Community Service?  Yes  No

If you did, where did you do it?

How many hours did you do?

Did you bring verification of your Community Service?  Yes  No

How much money do you owe for fines and costs?

Did you make any payments?  Yes  No

Goals for upcoming month:

Anything additional you'd like your Probation Officer or the Mental Health Court to know:

Falsification of the above information may result in initiation of revocation proceedings.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date Report Submitted