



**MENTAL HEALTH SENTENCING ALTERNATIVE
PROGRESS/TERMINATION REVIEW**

Name		DOC number
Cause(s) and prefix(es)		
Sentence date	Supervision start date	Supervision End Date (SED)

MENTAL HEALTH TREATMENT

Yes No Mental health assessment completed? Date: _____
 Treatment provider: _____
 Agency: _____

Treatment status:

Yes No Treatment intake completed date: _____
 Yes No Refused to enter/participate
 Yes No Attending as directed (e.g., no unexcused absences)
 Yes No Mental health medication compliant
 Yes No Fully compliant. If no, reason: _____
 Yes No Unsuccessful (i.e., terminated, incomplete, suspended, noncompliant) Date: _____
 If yes, reason: _____

SUPERVISION COMPLIANCE

Yes No Progress/termination review hearing set by sentencing court? Date: _____
 Yes No Compliant with Department and/or court-imposed conditions (e.g., substance abuse, reporting)
 Compliance narrative since last review hearing including information pertaining to any Swift and Certain violations: _____
 Yes No Case manager recommendations. If yes: _____

_____ Signature _____ Date _____

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

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