

**SPRINGFIELD SPECIALTY COURT: MENTAL HEALTH SESSION
CASE MANAGEMENT UPDATE**

NAME:

DOB:

DOCKET #:

PROGRAM ENROLLMENT DATE:

STATUS HEARING DATE:

1- Medications/ medication adherence:

2- Doctor appointments:

3- Therapist appointments:

4- Legal issues/obligations:

5- Sobriety issues/need for drug screening:

6- Family issues or issues regarding any person involved in the defendant's care:

7- Case consultation with other agencies:

8- Housing issues:

9- Insurance/entitlements/financial issues:

10- Risk; public and personal safety issues:

11- Other appointments or service referral updates:

Recommendations for the modification of service plan indicated, description of changes:
No change to service plan:

A copy will be submitted to the Probation Department for their records