

**SPRINGFIELD SPECIALTY COURT: MENTAL HEALTH SESSION
COMPLIANCE WITH SERVICES FORM**

**The Adult Court Clinic
Hampden Hall of Justice
50 State St. Springfield, MA 01103
413 748-7701
413 737-7157 (fax)**

Name of individual information is being requested: _____.

1. Describe client's present treatment, or aftercare plan; have they attended all session?
2. List dates of attendance including number of days per week and hours of day attended:
3. List all absences excused or unexcused:
4. Describe the client's participation in treatment/ group;
5. Is the client drug and alcohol tested? If yes, please list date of tests, results of tests and type of test used?
6. Please indicate self help meetings client is expected to attend per week and whether the client is complying with attendance as directed? Has client obtained a sponsor? Please note any concerns:
7. Describe any clinical concerns. Do you request a consultation with other services?
8. Anticipated date treatment or aftercare will be completed
9. Please submit summary of treatment upon completion.

Signature

Date

Please fax completed form to:

Jeanette Walker

BHN Court Case Manager

Fax 413 731-8651 Office Phone: 413 301-9495