

**ASHTABULA COUNTY COURT OF COMMON PLEAS
PROBATE DIVISION
ALBERT S. CAMPLESE, JUDGE**

IN THE MATTER OF _____

CASE NO. _____

Community Assisted Commitment Program

Respond · Reset · Develop

Involuntary Commitment Termination Review

Mental Health Status

| |
|---|
| I. Psychiatric Diagnosis |
| |
| II. Prognosis |
| |
| III. Provide a brief statement of the Respondents current mental status (Thought, Perception, Mood, Cognition, Behavior and Insight/Judgement:) |
| |
| IV. Are you recommending that civil commitment be terminated? YES NO |
| IF YES, why is continued civil commitment no longer needed/in the best interests of the Respondent? |
| V. If outpatient commitment were terminated, would the appointment of a Guardian of the Person help ensure continuity of mental health treatment and the overall health and welfare of the Respondent? YES NO |
| Please give a brief explanation: |
| VI. Are there charges pending in any other court? YES NO |
| If YES, please explain: |

Community Care Plan

Case No. _____

| | | |
|---|----|--|
| I. Have the conditions which gave rise to the inpatient commitment been ameliorated and made a focus in the treatment plan? | | |
| YES | NO | |
| If YES, please explain: | | |
| | | |
| II. List community treatment goals: | | |
| a. | | |
| b. | | |
| c. | | |
| III. Current MH Services and responsible provider(s) needed to meet treatment goals: | | |
| a. | | |
| b. | | |
| c. | | |
| IV. Other health or human services and provider(s): | | |
| a. | | |
| b. | | |
| c. | | |
| V. Living arrangements (note if current living arrangements will be changing/in transition): | | |
| | | |
| VI. Is Respondent compliant with his/her treatment plan? | | |
| YES | NO | |
| If NO, please explain: | | |
| | | |
| VII. Is the Respondent a danger to self or others? | | |
| YES | NO | |
| If YES, please explain: | | |
| | | |
| VIII. Has the Respondent completed a Declaration for Mental Health Treatment? | | |
| YES | NO | |
| Is this part of future case planning? | | |
| YES | NO | |

MH Professional's Signature, Credentials

Date

Supervisor's Signature

Date