



Outpatient Commitment Notification and Expectations

Name _____

Case No. _____

Hospitalization Date _____

On your doctor's recommendation and after hearing, the Ashtabula County Probate Court has determined you will continue treatment after you leave the hospital through civil commitment to the Mental Health and Recovery Services Board as an outpatient. Your treatment team believes this is necessary in order for you to live safely in the community. Outpatient Commitment through the Court's Community Assisted Commitment Program ("CACP") allows you to be treated in the community as long as you follow your treatment plan. Your treatment team's goal is to help you live your best life.

Treatment Plan

Your treatment plan includes:

- Taking medications as prescribed by your doctor
- Keeping all appointments with your psychiatrist, nurse, therapist or other members of your treatment team
- Keeping all appointments with your Community Psychiatric Support ("CPS") worker
- Attending or participating in:

Service	Location	Contact Person	Phone #

Expectations of You

- Follow all treatment recommendations, including taking medications as prescribed.
- Attend all appointments, court conferences, and court hearings.
- Provide your treatment team with a current address and telephone number. If your treatment team is unable to contact you or does not get a reply within one business day, it will be reported to the Court.
- Follow all laws and avoid any other court or law enforcement involvement.

You will be subject to court-ordered hospitalization should you fail to follow any orders of the Court or the recommendations of your treatment team.

Care Team

	Name	Phone Number
Psychiatrist		
CPS Worker		
Other: _____		
Other: _____		

Important Dates

First Treatment Team Appointment

Date: _____ Time: _____

With _____

At _____

First CACP Court Conference

Date: _____ Time: _____

At: Probate Court, 25 W. Jefferson St., Jefferson, OH 44047

My rights and responsibilities as a patient on civil commitment in the community have been discussed with me. I had an opportunity to have my questions answered and agree to the follow the recommended treatment plan listed above.

Your Signature

Date

CPS Worker Signature

Date