

Treatment Participation and Progress Report

Participant's Name: _____
Next Court Date: _____

Progress Period: _____
(i.e., Jan – Mar, 2021)

Treatment Provider: The above-named person is currently participating in the Solano Superior Court's Mental Health Diversion. The Court is required by Penal Code section 1001.36, subd. (c)(2), to periodically review the participant's progress while in treatment. Please complete the below information and either provide this form back to the participant or you may provide it directly to the participant's attorney of record indicated below, by fax or electronic mail. Please submit before the next court date noted above.

Attorney of Record: _____ Telephone No.: _____
Email Address: _____ Fax No.: _____

Provider's Name: _____ Provider's Agency: _____
Provider's Contact Information (phone, email): _____

During the progress period indicated above, the participant is

- Satisfactorily meeting the requirements of his/her treatment plan (engaged in treatment; attending appointments regularly, keeps in touch with provider, making progress towards treatment goals, etc.).
- Partially meeting the requirements (attendance at treatment is not consistent, needs further engagement, making some progress, but could be increased, etc.).
- In need of a higher level of care (*explain below*).
- Non-compliant—is not attending treatment.
- Other (*explain below*).

Comments (strengths and gains or plans for increasing participation in treatment):

Signature of Agency Representative

Print Name

Date

