

FORENSIC ASSESSMENT TEAM RECOMMENDATIONS

Consumer Name: _____

Date of Review: 1-7-2003

- | Recommendation #: | Description: |
|--------------------------|--|
| () 1 | Obtain a signed release of information form and fax to _____ at _____ |
| (✓) 2 | If _____ gives consent, reactivate the case and contact Alternate Defense Attorney to discuss the case: <u>See #3,4, discuss possible recommendations.</u> |
| (✓) 3 | Obtain copy of police report: |
| (✓) 4 | Obtain copy of arrest and conviction records (“rap sheets”) from P0 |
| () 5 | Obtain existing records and fax to FAT: _____ |
| () 6 | New psychological evaluation - |
| () 7 | Psychiatric evaluation - |
| () 8 | Obtain Los Angeles County Dept. of Mental Health M.I.S. print-out (Dr. Tillman will assist) |
| () 9 | Request diversion (PC 1001.20) |
| () 10 | Request diversion (PC 1001.20) dual agency. |
| () 11 | Continue probation with at <u>least dual agency monthly face-to-face contact with P.0</u> |
| () 12 | Discuss case with Parole/Probation: |
| () 13 | Competency evaluation and, if not competent court supervised placement under PC 1370.1: 1. |
| (✓) 14 | Resident Placement: <u>Level 4 or Porterville DC</u> |
| (✓) 15 | School and Day program: _____ |
| (✓) 16 | Drug and Alcohol treatment program: _____ |
| () 17 | Sex Therapy: _____ |
| () 18 | Counseling: _____ |

FORENSIC ASSESSMENT TEAM RECOMMENDATIONS

- () 19 Other specialized training classes: _____
- (✓) 20 Write a letter to the court (include the following): _____
- (✓) 21 Attend court Hearing: _____
- () 22 Other recommendation: _____
- () 23 Other recommendation: _____
- () 24 Other recommendation: _____
- () 25 Other recommendation: _____
- () 26 Other recommendation: _____

FORENSIC ASSESSMENT TEAM RECOMMENDATIONS

Consumer Name: _____

Date of Review: 2/4/03

- | Recommendation #: | Description: |
|-------------------|--|
| () 1 | Obtain a signed release of information form and <i>fax</i> to _____ at _____ |
| (✓) 2 | Contact Alternate Defense Attorney to discuss the case: <u>Recommendations. Note regional centers do not have locked residential placements (i.e. Level 4 homes are not locked). Regional center can provide other supportive services</u> |
| () 3 | Obtain copy of police report: |
| () 4 | Obtain copy of arrest and conviction records (“rap sheets”) from P0 |
| (✓) 5 | Obtain existing records and send to <u>FAT: Copy of conservatorship from DMH LPS Conservator.</u> |
| () 6 | New psychological evaluation |
| (✓) 7 | Psychiatric evaluation for <u>appropriate medication regimen.</u> |
| () 8 | Obtain Los Angeles County Dept. of Mental Health M.I.S. print-out |
| () 9 | Request diversion (PC 1001.20)

Request diversion (PC 1001.20) dual agency. |
| (✓) 11 | Request diversion (PC 1001.20) with at <u>least dual agency monthly face-to-face contact with P.O.</u> |
| () 12 | Discuss case with Parole/Probation: |
| () 13 | Competency evaluation and, if not competent court supervised placement under PC 1370.1: 1. |
| (✓) 14 | Resident Placement: <u>Locked SNF or other locked placement should be determined after current information is obtained (see #21).</u> |
| () 15 | Day program: _____ |
| () 16 | Drug and Alcohol treatment program: _____ |
| (✓) 17 | Sex Therapy: _____ |
| (✓) 18 | Counseling: _____ |

FORENSIC ASSESSMENT TEAM RECOMMENDATIONS

- () 19 Other specialized training classes: _____
- () 20 Write a letter to the court (include the following): _____
- (✓) 21 Attend court Hearing: *Call Metro S.H., speak to special worker on 400 Unit-obtain report as to how (client's name) has done there and Metro's recommendations.*
- () 22 Other recommendation: _____
- () 23 Other recommendation: _____
- () 24 Other recommendation: _____
- () 25 Other recommendation: _____
- () 26 Other recommendation: _____