

# FORENSIC ASSESSMENT TEAM RECOMMENDATIONS

Consumer Name: \_\_\_\_\_

Date of Review: 1-7-2003

- | <b>Recommendation #:</b> | <b>Description:</b>  |
|--------------------------|--|
| ( ) 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: _____  |

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- ( ) 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: _____  |

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- ( ) 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: \_\_\_\_\_