

**RMHI 301(A) FORENSIC TEAM MEETING
STAFF CONFERENCE PROGRESS NOTE
DATE _____**

Defendant	Level of Care	Unit
Social Security - -	Legal Status	Admission Date
Sex: M F	Age	Date of Birth
Judge	County & Court	Docket #
Date 30 Days ends (301a)	Outpatient Referral (Y/N)	OP Phone #
Estimated Date of Discharge	Hearing Date (if known)	

Diagnosis

Status of Evaluation Process:	Competent	Yes _____	No _____	Undetermined _____	N/A _____
	ID Support	Yes _____	No _____	Undetermined _____	N/A _____
	DC Support	Yes _____	No _____	Undetermined _____	N/A _____
	Commitment	Yes _____	No _____	Undetermined _____	

CLINICAL DATA

Progress in addressing Competency, explain in detail:

Progress in addressing Insanity Defense, explain in detail:

Progress in addressing Diminished Capacity (if applicable), explain in detail:

Progress in addressing Commitment, explain in detail:

COMMENTS:

DISCHARGE PLAN:

OTHER RECOMMENDATIONS

Psychiatrist _____

Social Worker _____

Psychologist _____

Other _____

Recorded By _____

Date _____