8-507 COURT ORDERED COMMITMENT

INTERIM PROGRESS REPORT

*This form is due, 48 hours prior to consumers hearing date to Justice Services at mdh.bhajstxproviders@maryland.gov*

CONSUMER NAME:       REPORTING PERIOD:

**RESIDENTIAL PROVIDER INFORMATION**

|  |  |
| --- | --- |
| PROGRAM NAME: | |
| ADDRESS: | PHONE: |
| ASAM LEVEL OF CARE: | ADMISSION DATE: |

**SECTION I: SUBSTANCE USE DISORDER TREATMENT**

**Counselor Name: Phone: E-mail:**

Provider Update

Indicate any concerns or progress since last reporting period.

**SECTION II: MENTAL HEALTH TREATMENT**

**Therapist Name: Phone: E-mail:**

**Psychiatrist Name: Phone: E-mail:**

Provider Update

Indicate any concerns, progress, or medication changes since last reporting period.

Counselor Signature Date

Supervisor Signature Date