8-507 COURT ORDERED COMMITMENT

OFF-GROUND PRIVILEGES REQUEST

*This form is due, 14 days in advance of activity or event to Justice Services at mdh.bhajstxproviders@maryland.gov* INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME:  |  DOB:  | AGE:  |
| RACE:  | GENDER:  | SID #:  |

COURT INFORMATION

|  |  |  |
| --- | --- | --- |
| COURT:  | JUDGE:  | NEXT HEARING DATE:  |
| CASE #:  | CASE #:  | CASE #:  |
| LEGAL STATUS: |

**SOMATIC HEALTH INFORMATION**

|  |  |
| --- | --- |
| CONDITION(S):  | MEDICATION(S):  |
| ALLERGIES:  |

**MEDICATION-ASSISTED TREATMENT INFORMATION**

|  |  |
| --- | --- |
| MEDICATION:  | PROVIDER:  |

**RESIDENTIAL PROVIDER INFORMATION**

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

**OFF-GROUND ACTIVITY OR EVENT**

**[ ]** Educational/Vocational *(to attend education-related classes or programs)*

**[ ]** Employment *(to apply for jobs, attend interviews, and/or career fairs)*

**[ ]** Entitlements *(to apply for SSI, cash assistance, and/or food stamps)* ***Note: ONLY applicable if on probation***

**[ ]** Legal *(to meet with attorney, attend court hearings outside of jurisdiction, or retrieve belonging from jail)*

**[ ]** Medical *(to attend medical appointments, drop-off/pick-up prescriptions from pharmacy)*

**[ ]** Family *(to visit family, attend family activity or event)*

**[ ]** Meetings *(to attend AA, NA, etc.)*

|  |
| --- |
| Date(s):Time(s):Purpose:Contact Information of Person/Facility: |

**Is this a re-occurring event or activity? [ ]  YES [ ]  NO**

**Will the consumer be escorted? [ ]  YES [ ]  NO**

**If yes, who will escort the consumer? [ ]  SENIOR PARTICIPANT [ ]  PROGRAM STAFF [ ]  SPONSOR**

***To be completed by Judge and returned to the treatment program and Justice Services at mdh.bhajstxproviders@maryland.gov***

[ ]  GRANTED **or** [ ]  DENIED

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The Honorable Judge Date