

IN THE COMMON PLEAS COURT, GENERAL DIVISION

STATE OF OHIO,	:	CASE NO.
Plaintiff,	:	INTERVENTION AND SUPERVISION PLAN
vs.	:	ORC 2951.041
_____	:	
Defendant,	:	

Assessment

1. The defendant has been interviewed and assessed by the properly credentialed and licensed provider as required by ORC 2951.041, who has subscribed to this plan below. The provider has determined that the defendant's mental health was a factor leading to the criminal offense of _____, in the following way: (Here describe how the mental health problems was a contributing factor in the commission of the offense.

2. The following methods of treatment will be utilized by the provider to intervene and assist in improving the mental health of the defendant: (e.g., group sessions, individual session, etc.)

3. The defendant shall be required to attend the following required treatment sessions: (Describe the name of the session, the purpose of session, the goal of the session, and the number and frequency of the sessions.)

4. The defendant agrees and recognizes that the law requires abstinence from the use of illegal drugs and alcohol for a least one year, and that the Court=s Probation Department mayl conduct regular and random drug testing. Therefore, failure to report to the probation department as ordered will result in termination from intervention and sentencing. The defendant also agrees to obey all laws and to report to the probation department any conduct with law enforcement within 24 hours, and to abide by all regular and special probationary conditions imposed by the Court.

5. The defendant further consents and agrees that the provider shall report to the Court any illegal drug or alcohol use after the date of the Court order approving intervention. Also, the defendant agrees that the provider shall report to the court any failure to attend treatment and sessions.

6. The provider agrees to immediately report any illegal drug or alcohol usage by the defendant. The provider further agrees to file a monthly progress report with the Court, on an approved form. Also, the provider agrees to immediately report to the court any failure to attend treatment sessions.

Agreed to this _____ day of _____, _____.

Provider Representative

Defendant

Representative's License
and Credentials

Agency

Agency Address

Agency Telephone