

DVOMB TRACKING OFFENDERS IN TREATMENT PROJECT 2011-2013
PLEASE USE THIS FORM ONLY FOR OFFENDERS WHO BEGAN TREATMENT AFTER SEPTEMBER 2010

Treatment Provider Name _____

Offender Gender: ___Female ___Male

County where treatment is given: _____

Date of Initial Intake Evaluation: __ __/__ __/_____(example 01/11/2011)

Probation

Was Probation extended for treatment reasons? Yes___ No ___

If Probation was extended for treatment reasons, please explain why?

Original Placement

<p>Original DVRNA Level Recommended (as a result of DVRNA scoring) Level A _____ Level B _____ Level C _____</p> <p>If there is an <u>initial Override</u>, Level in which Offender was placed: Level A _____ Level B _____ Level C _____</p> <p>Reason for Override:</p>

Additional Changes to Level of Treatment for This Client

Date of Change	Current Level	Length of Time at This Level (weeks)	Changed to Level	Reason for Change

Total Length of Treatment (weeks)_____

Reason for Discharge:

Completed Treatment ___ Unsuccessful Discharge ___ Administrative Discharge ___

Treatment Level at Discharge: Level A _____ Level B _____ Level C _____