

**APPENDIX B:**  
**Assisted Outpatient Treatment**  
**Docket Case-Monitoring Form**

## Assisted Outpatient Treatment Evaluation AOT DOCKET CASE-MONITORING FORM

**Judge:** \_\_\_\_\_

**Court Location:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Respondent (StudyID):	
Hearing Type	<input type="radio"/> Medication <input type="radio"/> Modification <input type="radio"/> Petition <input type="radio"/> Pick-up Order <input type="radio"/> Renewal/Expiration <input type="radio"/> Revocation <input type="radio"/> Treatment Plan <input type="radio"/> Status
Respondent Attendance	<input type="radio"/> In Attendance <input type="radio"/> Video Attendance <input type="radio"/> Attendance Waived <input type="radio"/> Not in Attendance
Hearing Representatives	<input type="radio"/> Legal counsel <input type="radio"/> Probate Monitor/Court Liaison <input type="radio"/> Treatment representative <input type="radio"/> Guardian <input type="radio"/> Family member <input type="radio"/> Non-Family Member Advocate <input type="radio"/> Other:
Hearing Length (Minutes)	
Referral Source (Petition Only)	<input type="radio"/> Family (parent, spouse, siblings, adult children, etc.) <input type="radio"/> Outpatient mental health provider <input type="radio"/> Residential facility <input type="radio"/> Law enforcement officer <input type="radio"/> Inpatient <input type="radio"/> Criminal court <input type="radio"/> Other Specify: _____
Substantial Verbal Interaction between Judge and Respondent	<input type="radio"/> No <input type="radio"/> Yes, minimal/low <input type="radio"/> Yes, medium <input type="radio"/> Yes, high
Substantial Verbal Interaction between Judge and Treatment Team	<input type="radio"/> No <input type="radio"/> Yes, minimal/low <input type="radio"/> Yes, medium <input type="radio"/> Yes, high
Hearing Outcome	
Respondent Voluntariness (Petition or Renewal Only)	<input type="radio"/> Willing to enter into new/ renewed AOT order <input type="radio"/> Neutral to new/ renewed AOT order <input type="radio"/> Contesting new/ renewed AOT order
Warnings or Reminders (If Any)	
Words of Encouragement (If Any)	
Response to Noncompliance (If Any)	
Next Hearing Date (Date)	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0465. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer