

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)	

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