

AOT Docket Case Monitoring Form

Judge: _____ Court Location: _____ Date: _____

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

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