

IN THE MATTER OF THE CONDITION OF

**Outpatient Treatment  
Conditions**

\_\_\_\_\_  
Name of Subject

Case No. \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

The court has ordered the following outpatient treatment conditions: *Check all that apply.*

- Take all prescribed doses of psychotropic medication.
- Keep all appointments with treatment providers and case management staff.
- Cooperate with psychological and/or psychiatric testing and therapy.
- Keep case management staff advised of my current residential address.
- Refrain from any acts, attempts, or threats to commit harm to myself or others.
- Refrain from ingesting any controlled substances not prescribed for me.
- Other conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to comply with these conditions.

I understand that if I violate any of these conditions, I may be taken into custody by law enforcement and transferred to an inpatient facility.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

Distribution:

1. Court – Original
2. Subject
3. Counsel
4. Treatment Provider
5. Outpatient Treatment Facility