



Problem Solving  
Courts

**DISTRICT COURT OF MARYLAND**  
District Five

14735 Main Street  
Upper Marlboro, MD 20772

To: (Provider Agency) _____	From: _____
Contact Person: _____	Case Manager: _____
Counselor: _____	Phone #: _____ Fax #: _____
Phone #: _____ Fax #: _____	Email: _____
Email: _____	

**Status/Progress Report Form**

Client Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Next Court Date: \_\_\_\_\_  
Case #(s): \_\_\_\_\_

**Client Information**

Diagnosis: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #(s): \_\_\_\_\_

**Status Report**

Reporting Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
*Please answer the following questions for the above reporting period. This information will be used to monitor the client's cooperation and compliance with conditional release.*

Treatment Compliance

- How frequently was the client scheduled during the reporting period?  
 Daily  2x/Week  Weekly  Monthly  Quarterly  Other: \_\_\_\_\_
- Number of appointments kept during reporting period? \_\_\_\_\_
- Dates of missed appointments: \_\_\_\_\_  
If missed appointments, were they excused?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
Were they rescheduled?  Yes  No Explain: \_\_\_\_\_  
\_\_\_\_\_
- Does client take medication as prescribed?  Yes  No If no, explain: \_\_\_\_\_  
\_\_\_\_\_
- Any known and/or reported alcohol or other substance abuse?  Yes  No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Current Mental Health Status

- Has the client exhibited signs of recurrence of mental disorder?  Yes  No  
If yes, describe major symptoms: \_\_\_\_\_
- To your knowledge, was the client hospitalized during the reporting period?  Yes  No  
If yes, where and when? \_\_\_\_\_  
Service Plan: \_\_\_\_\_

Treatment/Activities

- Client's daily activities:  
 Employed  Psychosocial Day Program  Other \_\_\_\_\_ # Hours per week: \_\_\_\_\_
- Name, address, phone number, and email address of primary treatment provider(s):  
\_\_\_\_\_  
\_\_\_\_\_
- Next appointment: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_  
Completed By: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_