IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF PIMA

in the	e Matter of:		
DOB:	;		
COT	Date:		
	Court Ordered Outpatient Treatment Plan Revised Court Ordered Outpatient Treatment Plan	MH- COURT ORDERED TREATMENT PLAN	
THIS	COURT ORDER AS FOLLOWS:		
1.)	Residence: The member will reside at the proposed residence. Tucson, Arizona 857 Any changes in residence we director based on clinical appropriateness. This location is: Individual's home Home of a friend Home. Pima County Adult Detention Center Other	ill be determined by the medical e of a family member Shelter	
	Tima county reduit Determion center		
2.)	Supervising Agency: For purposes of monitoring this located at 857, will be considered the supervising agency	, Tucson, Arizona	
3.)	supervising medical director. <u>Daily Activity:</u> Further clinical decisions will be pursuant to the Behavioral Health Plan developed by the individual's Adult Recovery Team and any revisions to that Behavioral Health Service Plan subsequently agreed by this Adult Recovery Team. Revisions to the Behavioral Health Service Plan shall be deemed amendments to this Court Ordered Treatment Plan and incorporated herein without further order of the Court. Such revisions shall be reviewed and approved by the Supervising Agency medical director or designee.		
4.)	Outpatient Clinical Management Services: The member will receive clinical management services from as		
5.)	medical director will review and approve clinical services/team assignments. Medication: The patient will comply with prescribed doses of psychiatric medication under the supervision of a psychiatrist.		
6.)	Financial Management: (1) The Public Fiduciary, or (other) is		
7.)	payee for the member's funds, or (2) The member will manage his/her own funds Specific Condition: In addition to the requirements established by the Behavioral Service Plan, the individual shall:		
	 A. Keep all appointments with psychiatrists, men staff, if applicable, as required by the Supervis B. Take all medications as prescribed by the Supervis C. Comply with lab tests to maximize medication D. Not use or possess any illegal drugs or non-prescribed 	ing Agency. ervising Agency. safety/compliance.	
	shall take any drug tests ordered by the Superv not possess or use alcohol without the express Agency. E. Maintain food and shelter required by the Superv	rising Agency. The individual may permission of the Supervising	

- F. Not engage in any activity that violates any local ordinance, state, or federal law, or which is dangerous to self or dangerous to others.
- G. Not leave Pima County without prior expressed approval by the Supervising Agency.
- H. Not own or possess any firearms.
- I. Comply with existing orders of protection and/or not have any contact with specific individuals as directed in the Behavioral Health Service Plan.
- J. Sign any authorization necessary for the Supervising Agency to disclose protected health information to the member's attorney appointed or retained pursuant to A.R.S. §36-536.
- 10.) **Re-hospitalization:** Failure to do well, or failure to comply with the principles of this treatment plan, may result in re-hospitalization. Revocation to an inpatient setting will be determined by the medical director.
- 11.) **Duration:** The above treatment plan will remain in effect for up to 365 days from the date of the original hearing, unless a modified plan is submitted at a later date and may be extended due to unauthorized absences pursuant to A.R.S. §36-544 or annual examination and review of orders based on Grave Disability or Persistent or Acute Disability pursuant to A.R.S. §36-543.

The court orders that the Supervising Agency's medical director or physician designee shall have the authority to enforce the requirements of the individuals' treatment including the authority under A.R.S. §36-540€(5) to direct a Peace Officer, without further order of the Court, to apprehend and transport the individual to an inpatient treatment facility if the individual is in need of immediate inpatient care due to behavior that is dangerous to self or others.

(Medical Director or Physician Designee)	(Signature)	Date
(Provider Staff who reviewed the plan with the individual)	(Signature)	Date
(Individual's Name)	(Signature)	Date
(Judge/Court Commissioner)	(Signature)	Date

NOTICE

According to A.R.S. §36-546, a person receiving court ordered treatment or anyone acting on his/her behalf can request the court to release him/her from the order for treatment once every sixty days. The agency responsible for supervision of the person's court ordered treatment must notify the person of this right to request judicial review of the order for treatment and to consult with an attorney every sixty days. Additional information about the process for requesting judicial review will be provided by the supervising agency at the time required notifications are made.

Copies to: BUHP

Individual's Attorney: Mental Health Defender