DEPARTMENT OF CORRECTIONS

Mental Health Treatment Plan

(Mandatory For Guilty But Mentally Ill Prisoners)

Name of Prisoner:					
DOB:		Facility:			
Offense(s):		Length of Sentence(s):			
Court Case No. (s):		Projected Release Date:			
Diagnosis: Axis I:		Comments/History:			
Axis II:					
Axis III:					
Date Prepared:		Treatment Plan Prepared By:			
Problem No.		Previewed By		ed Bv	
(Other Side)	Treatment Goals and Progress		Name	Date	

Department of Corrections, Form 807.13B Rev. 12/02

DEPARTMENT OF CORRECTIONS

Detailed Problem List

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3.			
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