

IN THE MATTER OF THE CONDITION OF

Treatment Conditions

Philip Stuart

Name of Subject

12/13/76

Date of Birth

Case No. 15 ME 440

- ☐ The court has ordered the following outpatient treatment conditions pending the final hearing: **or,**
☒ The appropriate department imposes the following outpatient treatment plan and condition:

Check all that apply.

- ☒ Keep appointments with court-appointed examiners.
- ☒ Take all doses of psychotropic medication prescribed for me.
- ☒ Keep all appointments with treatment providers and case management staff.
- ☒ Cooperate with psychological and/or psychiatric testing and therapy.
- ☒ Keep case management or treatment staff advised of current residential address or location.
- ☒ Refrain from any acts, attempts, or threats to harm myself or others.
- ☒ Refrain from ingesting any controlled substances not prescribed for me.
- ☒ Refrain from consuming alcoholic beverages.
- ☒ Other conditions: Participate in medication observations at Human Services direction. Maintain a level of
mental health so as to remain outpatient for treatment.

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.

I agree to comply with these conditions.

Subject's Signature

Date

Distribution:

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

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