

**Treatment Plan (Mental Health)**

**Vendor Name:**

**Person Under Supervision / Defendant Name w/PACTS#:**

**Short / Long term goals and objectives (measurable objectives):**

**Type and Frequency of services to be received:**

**Specific criteria for treatment completion w/anticipated time frame:**

**Documentation of treatment plan view (person under supervision/defendant input):**

**Information on family and significant others involvement:**

**NOTE: After every update, or at least every 90 days, the treatment plan should be attached to the monthly treatment report provided to the USPO/USPSO.**

**Person Under Supervision/Defendant Signature w/date: \_\_\_\_\_**

**Vendor Signature w/date: \_\_\_\_\_**

**COMMENTS:**