

**Eighteenth Judicial Circuit Court  
Court Sentence Monitoring  
Risk Education/Treatment Compliance Form**

Defendant's Name: \_\_\_\_\_ Case No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Where was Evaluation Completed? \_\_\_\_\_

**Court Ordered Classification Level:**

\_\_\_\_\_ Minimal Risk                      \_\_\_\_\_ Significant Risk                      \_\_\_\_\_ Out Patient  
\_\_\_\_\_ Moderate Risk                      \_\_\_\_\_ High Risk Level III                      \_\_\_\_\_ In Patient

**If not complete with ordered treatment, number of hours remaining:** \_\_\_\_\_

**Minimal Risk Treatment:**

Dates Attended:  
\_\_\_\_\_

**Moderate Risk Treatment:**

Dates Attended:  
\_\_\_\_\_

**Significant Risk Treatment:**

Treatment:    Enrollment Date \_\_\_\_\_ Completion Date \_\_\_\_\_  
Aftercare:    Enrollment Date \_\_\_\_\_ Completion Date \_\_\_\_\_

How many sessions? \_\_\_\_\_

**High Risk Treatment:**

Treatment:    Enrollment Date \_\_\_\_\_ Completion Date \_\_\_\_\_  
Aftercare:    Enrollment Date \_\_\_\_\_ Completion Date \_\_\_\_\_

How many sessions? \_\_\_\_\_

Signature \_\_\_\_\_ License No. \_\_\_\_\_

Program Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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