

# FAYETTE COUNTY MENTAL HEALTH COURT

*Kate Vozar, LPC*

Problem-Solving Courts Manager

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SERVICE PLAN FOR: \_\_\_\_\_

## Identifying Information:

D.O.B.: \_\_\_\_\_

SS#: \_\_\_\_\_

CC#: \_\_\_\_\_

CHARGES: \_\_\_\_\_

I, \_\_\_\_\_ agree to the following service plan as a condition of my Probation/Parole. I will abide by these stipulations throughout the course of my bond/parole/probation. I understand that non-compliance with this service plan may result in further legal action to include incarceration. I fully agree to the following stipulations:

1. I will **attend and cooperate** with mental health treatment services which are deemed appropriate by the Fayette County Problem-Solving Court Treatment Team. This includes weekly, individual psychotherapy, group therapy, medication monitoring and case management service with the Community Treatment Team.
2. I will **attend and cooperate** with all Drug and Alcohol treatment deemed appropriate by a licensed outpatient Drug and Alcohol facility. I will not consume alcohol or nonprescription controlled substances or medication, nor visit places where alcohol or drugs are sold, dispensed or used. I further understand that I am not to enter bars, liquor stores, taverns, clubs, parties or places where alcohol is the main item for sale or consumption.
3. I must submit to urinalysis, or such testing that may be required, upon the request of a probation/parole officer, mental health worker, or duly appointed representative of the Fayette County Problem-Solving Court. This testing may include blood level testing for medication compliance. If I refuse or fail to provide a urinalysis, at the time of request, or I provide an altered urine sample, this will be viewed by the Court as a positive test and a potential for relapse and will result in sanction(s) being imposed.
4. I agree to take **all medication** currently prescribed for me by a psychiatrist and any medication that may be prescribed for me by a psychiatrist during my entire course of treatment. This includes any **IM medication** that may be prescribed for me during my entire course of treatment.
5. I will meet with my Probation/Parole Officer at a minimum of once a month unless otherwise specified.

**SERVICE PLAN FOR:** \_\_\_\_\_

- 6. I will make every effort to obtain and maintain competitive employment in the community.
- 7. I will attend all reinforcement hearings scheduled by the Fayette County Problem-Solving Court treatment team.
- 8. I will attend all scheduled / required meetings with the Fayette County Problem-Solving Court.
- 9. I agree to ongoing communication between and among Fayette County Problem-Solving Court staff, Mental Health and/or Drug and Alcohol Treatment Facilities, and Adult Probation for the duration of my sentence.

**I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE CONDITIONS WILL BE REPORTED TO THE COURTS AND/OR PROBATION/PAROLE OFFICE AND MAY RESULT IN REINCARCERATION.**

\_\_\_\_\_  
**Signature of Defendant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Defense Attorney (if applicable) Date**

\_\_\_\_\_  
**Signature of**

\_\_\_\_\_  
**Signature of Presiding Judge**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of District Judge (If Applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_

\_\_\_\_\_

**Signature of Treatment Court Coordinator**

**Date**