**Adult Competency Restoration Services Report (Revised 2/1/16)**

Defendant Name:  DOB:

Referred to CSB by **(*check one*)**: [ ]  Court Order to CSB (***attach a copy***) **or** [ ]  DBHDS Hospital

Date of Court Order or DBHDS Hospital Referral: 

Dates of CSB Services:  **(*Start date*)**  **(*End date*)**

Date of CSB response letter back to the court:  **(*attach a copy*)**

**Defendant’s Primary Diagnosis (*check one*):**

[ ] Psychotic Disorder **(1)** **[ ]** Intellectual/Developmental Disability **(4)** **[ ]**  Dementia/TBI/other organic disorder **(7)**

[ ] Anxiety Disorder **(2)** **[ ]** Mood Disorder **(5)** [ ]  Other ***(please specify)*** **(8)**:

[ ] Personality Disorder **(3)** **[ ]** Substance Use Disorder **(6)** 

**Services Rendered: (*Submit hours in whole or half number*. *\*Outcome evaluation must be attached if restoration attempts were made, regardless of outcome.)***

Initial Assessment (***required***):  hours Restoration Services:  hours Case Management Services:  hours

Outcome Evaluation Completed by (***check one***): [ ]  Private Evaluator [ ] CSB Evaluator [ ]  Not Completed

Name of Evaluator:  Amount Paid by CSB ***(reimbursable up to $400)***: $

**Location Where Services Provided (*Check the option where the majority of services were provided*):**

[ ] Jail [ ] CSB Office [ ] Defendant Home [ ] Other: 

**CSB Disposition of Case (*See A or B below and check only one option under A or B*):**

1. Closed After Assessment – No Restoration Services Provided:

[ ] CSB recommended that the defendant was too disabled to receive outpatient services so was recommended for inpatient after the assessment was completed. Restoration services were not initiated. **(A1)**

[ ] Other ***(please specify why restoration services were not initiated)*** **(A2)**: 

1. Closed After Restoration Attempts or Completion of Restoration Services:

[ ] CSB recommended that the defendant was restored to competency **(B1)**

[ ] CSB recommends that the defendant remains incompetent but is restorable to competency with the following recommendation from the CSB: (***check one below***):

[ ]  Additional outpatient basis **(B2a),** or [ ]  inpatient services **(B2b)**

[ ] CSB recommended that the defendant was incompetent for the foreseeable future (unrestorable) with the following recommendation from the CSB: (***check one below***):

[ ]  Release defendant **(C3a),** or [ ] civilly commit defendant (**C3b),** or [ ] order SVP evaluation **(C3c)**

[ ]  Other (***please specify***) **(D)**: 

 

Staff Printed Name CSB

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  

Staff Signature Phone # Date