

# THE MONTHLY REVIEW OF CONDITIONAL RELEASE REPORT

---

## GENERAL GUIDANCE:

- **The monthly review of conditional release report is required for the first 12 months only.**
- The 6-month report to the court does NOT substitute for the monthly report.
- The reporting form is available online for your convenience:  
<http://dbhds.virginia.gov/professionals-and-service-providers/forensic-services>
- The Monthly Review of Conditional Release form is due on the 10<sup>th</sup> of the month following the reporting month. An example is that the November 2000 report is due on December 10, 2000.
- Read the currently approved conditional release plan carefully – all conditions on the report should match the current CRP conditions. A court order or letter from the NGRI judge of jurisdiction is required before modifications of the conditions should be noted on the report. The only exception is if the CRP specifically gives the CSB authority to discontinue a service. Note these two distinctions appropriately in the comment section.
- Do not use local names of programs or acronyms, but instead describe the program type (i.e., clubhouse, detox program, adult home, etc.) so that non-CSB readers can understand.
- Be specific and add narrative in the comments section whenever possible, but especially if there are problems noted.

## SPECIFIC INSTRUCTIONS FOR THE FORM:

1. NAME OF ACQUITTEE – Complete the full name of the acquittee.
2. DATE – Complete the date that the report is written.
3. COURT HOLDING JURISDICTION – Complete the name of the court that holds jurisdiction for the acquittee. If there are 2 or more courts of jurisdiction, complete all that apply.
4. TIME PERIOD COVERED IN REVIEW – Complete the calendar month and year for which the report is written. This report should always be completed for a full calendar month, i.e., September 2000. Do not write reports for “split” months, i.e., November 14 – December 14, 2000.
5. CHARGED WITH ANY CRIMES – Complete any crimes for which the acquittee has been charged during the reporting month.
6. CONVICTED OF ANY CRIMES – Complete any crimes for which the acquittee has been convicted during the reporting month.

## THE MONTHLY REVIEW OF CONDITIONAL RELEASE REPORT

---

7. GENERAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and write/type all general conditions in detail and by their number on the left side column.

If you condense the wording of the general condition on the report, ensure that your version of the condition still represents the Court's intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”.

Check off “never”, “sometimes”, or “always” to describe the acquittee's compliance with each general condition of their release.

8. SPECIAL CONDITIONS OF RELEASE – Read the currently approved conditional release plan and list all special conditions in detail and by their number on the left side column.

If you condense the wording of the special condition on the report, ensure that your version of the condition still represents the Court's intent and that it can be appropriately answered by the choices – “never”, “sometimes” or “always”.

Check off “never”, “sometimes”, or “always” to describe the acquittee's compliance with each special condition of their release.

9. DATE OF LAST FACE-TO-FACE WITH THE ACQUITTEE - Complete the date of the last face-to-face with the acquittee by the case manager.

10. DATES AND RESULTS OF ANY SUBSTANCE ABUSE SCREENING TESTS – Complete the type of each test, the date(s) administered and the results of each test. If drug or alcohol testing is not ordered by the court and is not being administered, write/type in “not applicable”.

11. OTHER COMMENTS ON ACQUITTEE'S PROGRESS AND ADJUSTMENT IN THE COMMUNITY – This is the opportunity to complete more information about the acquittee's progress, lack of compliance, or maintenance with the conditional release plan. It also provides space to comment on other factors that influence the acquittee's overall adjustment in the community.

12. SIGNATURE AND PRINTED NAME – The case manager assigned should sign their name and then print/type their name. It is also recommended to add the credentials of case manager, i.e., LPC, MSW, BS, RN, etc.

13. TITLE – Print/type in the title of the CSB case manager.

14. CSB AND MAILING ADDRESS – Print/type the name of the CSB and the mailing address of the case manager.

15. PHONE AND FAX NUMBERS – Print/type the phone number and the fax where the case manager can be reached.

# THE MONTHLY REVIEW OF CONDITIONAL RELEASE REPORT

---

## OTHER INSTRUCTIONS:

- Only fax **or** mail the Monthly Review of Conditional Release report. Do not send both faxed and mailed copies. It is only required that the report be sent to the DBHDS Forensic Office, it is not required to send the monthly report to the court.

### **Mailing address:**

Sarah Shrum  
Forensic Mental Health Consultant  
Department of Behavioral Health and Developmental Services  
Forensic Office  
P.O. Box 1797  
Richmond, Virginia 23218-1797

### **Fax number:**

Sarah Shrum  
Fax number – 804-786-9621

**QUESTIONS OR CONSULTATION?** Call Sarah Shrum at 804-786-9084