8-507 COURT ORDERED COMMITMENT

OFF-GROUND PRIVILEGES REQUEST

*This form is due, 14 days in advance of activity or event to Justice Services at mdh.bhajstxproviders@maryland.gov* INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME: | DOB: | AGE: |
| RACE: | GENDER: | SID #: |

COURT INFORMATION

|  |  |  |
| --- | --- | --- |
| COURT: | JUDGE: | NEXT HEARING DATE: |
| CASE #: | CASE #: | CASE #: |
| LEGAL STATUS: | | |

**SOMATIC HEALTH INFORMATION**

|  |  |
| --- | --- |
| CONDITION(S): | MEDICATION(S): |
| ALLERGIES: | |

**MEDICATION-ASSISTED TREATMENT INFORMATION**

|  |  |
| --- | --- |
| MEDICATION: | PROVIDER: |

**RESIDENTIAL PROVIDER INFORMATION**

|  |  |
| --- | --- |
| PROGRAM NAME: | |
| ADDRESS: | PHONE: |
| ASAM LEVEL OF CARE: | ADMISSION DATE: |

**OFF-GROUND ACTIVITY OR EVENT**

Educational/Vocational *(to attend education-related classes or programs)*

Employment *(to apply for jobs, attend interviews, and/or career fairs)*

Entitlements *(to apply for SSI, cash assistance, and/or food stamps)* ***Note: ONLY applicable if on probation***

Legal *(to meet with attorney, attend court hearings outside of jurisdiction, or retrieve belonging from jail)*

Medical *(to attend medical appointments, drop-off/pick-up prescriptions from pharmacy)*

Family *(to visit family, attend family activity or event)*

Meetings *(to attend AA, NA, etc.)*

|  |
| --- |
| Date(s):  Time(s):  Purpose:  Contact Information of Person/Facility: |

**Is this a re-occurring event or activity?  YES  NO**

**Will the consumer be escorted?  YES  NO**

**If yes, who will escort the consumer?  SENIOR PARTICIPANT  PROGRAM STAFF  SPONSOR**

***To be completed by Judge and returned to the treatment program and Justice Services at mdh.bhajstxproviders@maryland.gov***

GRANTED **or**  DENIED

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The Honorable Judge Date