

## Clinical Treatment Plan

Client Name and PACTS#:

Clinician Name:

Date:

Short and Long term goals and objectives (measurable objectives):

Type and Frequency of services to be received or continued:

Specific criteria for treatment completion with anticipated time frame:

Client's input regarding treatment goals:

Family and support system involvement (i.e., community support programs, etc.):

Comments:

*NOTE: Initially and after every update, or a minimum of every 90 days, the treatment plan should be attached to the Monthly Treatment Log and submitted with invoices provided to the probation officer. Documents may be submitted to Treatment@arwp.uscourts.gov.*

Clinician Signature

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