

Partners in Recovery

Consumer's Name
MH#

WITNESS STATEMENT

To be submitted with the Final Status Report if renewal of Court-Ordered Treatment is recommended.

I, _____, am personally acquainted with the above-named individual. I have personally witnessed (seen or heard) the following behaviors:

I have, within the last 90 days, witnessed certain unusual or bizarre behaviors which cause me to believe that renewal of court-ordered treatment is warranted. *(eg. Behavior that demonstrated that the person's judgment, reason, cognition or ability recognize reality is significantly impaired)*

I have witnessed the following behaviors of non-adherence while under the current Court Order for Treatment *(please give specifics including dates of not taking medication, forced medications, missed appointments, amendments filed, etc)*

I have reason to believe that the above named individual will not continue to receive needed psychiatric care once the current Court Order for Treatment Expires based on the following evidence: *(include dates and MH# of past COTs as well as history of behavior when the person has stopped taking medication after a previous COT expired and/or statements made by the person regarding plans to discontinue treatment).*

I understand that I may be required to testify in court as to the above statements:

Signature: _____

Date: _____