

ACKNOWLEDGEMENT FROM AGENCY/CARE COORDINATOR  
ASSIGNMENT OF CR/LR/AOT RECEIPT AND ACCEPTANCE

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The care coordinator from a certified Behavioral Health Agency (BHA) assigned to an individual ordered to Conditional Release/Less Restrictive/Assisted Outpatient Treatment (CR/LR/AOT) orders **must** submit an individualized plan for the individual's treatment services to the court that entered the order. A revised plan must be submitted upon any subsequent modification in which a type of service is removed from or added to the treatment plan.

**Court Clerk's Office: Please attach this form and treatment plan to the cause identified below.**

Cause #

Individual's name

DOB

Identify CR/LR/AOT (drop down)

CR/LR/AOT Start Date:

CR/LR/AOT End Date:

Certified Agency Name:

Agency Address:

Agency Care Coordinator:

Care Coordinator Phone:

Check one box below:

TX Plan included or  Modification