

Forensic Center/Consultation Meeting Agenda {Date}

New Forensic Center Cases

Client	Referral
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Case Status Updates

Client	Members Attending
# ___ Doe, J	Name of Psychologist, Defendant pled guilty – Name of DA (Closed)
# ___ Nonymous, A	Name of DA (update on trial)

Upcoming In-Home Assessments

Client	Assessment Date/Time	Members
# ___ Blank, J	# ___ Blank, J	<i>Name of Mental Health Clinician, Name of Geriatrician, Name of Police Officer</i>

Completed In-Home Assessments {FC Coordinator to follow-up for med/psych report}

Client	Assessment Date/Time	Members
# ___ Smith, M	May 29, 2007	<i>Name of Mental Health Clinician, Name of APS Worker, Name of Psychologist</i>

Forensic Center Case Follow-up

Client	Meeting Date	Members to follow-up (Names)
# ___ Truncated Name	Awaiting Plea	APS, Sheriff, Psychologist
# ___ Truncated Name	Pending Public Guardian	APS, Mental Health, County Home Health Nurse
# ___ Truncated Name	TBA	Sheriff, Public Guardian
# ___ Truncated Name	TBA	Ombudsman
# ___ Truncated Name	TBA	Mental Health, Geriatrician, Psychologist
# ___ Truncated Name	6/12/2007	Police
# ___ Truncated Name	6/12/2007	APS, Psychologist
# ___ Truncated Name	6/19/2007	Domestic Violence counselor, Geriatrician, Psychologist
# ___ Truncated Name	6/26/2007	APS, Psychologist
# ___ Truncated Name	TBA	Out-of-county consultant
# ___ Truncated Name	TBA	Coroner Office, Police