

<input type="checkbox"/> COUNTY <input type="checkbox"/> DISTRICT COURT, _____ COUNTY, COLORADO _____ County Courthouse Courthouse Address:	◆ COURT USE ONLY ◆
THE PEOPLE OF THE STATE OF COLORADO, Plaintiff v. _____ Defendant	
	Case Number: (please indicate the case in which the client has been ordered to participate in offense-specific treatment) Division:
MOTION TO FILE THIS NOTICE AND ANY ATTACHMENTS UNDER SEAL & NOTICE OF DISCHARGE STATUS FROM SEX OFFENSE-SPECIFIC TREATMENT PROVIDER	

Motion to File Under Seal: The undersigned requests the Court accept this notice and any attachments under seal. This filing contains confidential mental health treatment information that should be kept private, subject to any release, in whole or in part, that may occur with the knowledge, approval, and supervision of this Court.

Notice: This notice is being provided to advise the Court that (name of client) _____ entered into sex offense-specific treatment on _____ (date) and was discharged on _____ (date) with the following status(es) (please check all applicable boxes):

- having successfully completed treatment
- discharged unsuccessfully from treatment
- discharged prior to completing treatment but in good standing
- other: _____ (provider *may* note another discharge status here, e.g., “transferred to another provider,” “client reached end of sentence,” and/or provide additional documentation)

Name of Program: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

I have / have not attached additional documentation concerning Mr./Ms. _____'s participation in offense-specific treatment.

Signature of SOMB-Approved Provider

Printed name of SOMB-Approved Provider

License # / credential (if applicable):

Dated: _____

NOTE: PLEASE DETACH THIS PAGE BEFORE FILING THE FORM

INSTRUCTIONS TO THERAPISTS FOR DISCHARGE STATUS FORM:

At the time of discharge from treatment, *print or type* the information requested by the form and sign in the signature block. Please select all applicable boxes to indicate status at time of discharge. Where text is underlined, please **circle one** option, e.g., have / have not.

The form is to be filed in the court and under the case number (“M” or “CR”) where the client was ordered to register as a sex offender. The address for each County and District Court in Colorado is to be entered in the caption and is available under “Find a Court” at: <http://www.courts.state.co.us/>

This form may be filed with the court in person at the courthouse or submitted via U.S. Mail to the Clerk’s Office at the court’s mailing address. A Probation Officer may also assist you in properly filing this form with the court.

PURPOSE OF THIS DOCUMENT:

In Colorado, some clients will not become eligible or file a petition to be taken off the sex offender registry until many years or decades after their sentences have terminated. This form allows a therapist to share information with the court about a defendant’s status at the time of termination from treatment and while authorizations remain in effect allowing the therapist to divulge this otherwise confidential information to the court.

Unlike most other records, court files are maintained forever. Consequently, by logging this information in the court record, it will remain available to clients and other parties to the case, in the court’s discretion. Therapists are being asked to provide this documentation to ensure the client’s involvement in treatment is part of the permanent court record and, if appropriate, may be considered by the court in future decision-making.

If the therapist would like to further expand on his/her description of the client’s participation in treatment, s/he may attach a letter or report explaining his/her position more fully. Any documents received by the court under seal cannot be viewed by anyone else without subsequent court orders authorizing release.