Medina County
Court of Common Pleas

ADULT PROBATION DEPARTMENT

Veronica M. Perry, Chief Probation Officer
Beth Connelly, Supervisor

TREATMENT VERIFICATION FORM

Probationer's Name: _____

Stipulations of probation require that the probationer document that he or she is in regular contact with mental health, substance abuse and/or social service professionals. In order to assist the probationer with this requirement, professionals having contact with him or her are asked to sign this form at each appointment. Should you have any questions or concerns regarding the probationer, please feel free to contact Probation Officer:

_____ At (phone)_____

Date/Time	Seen By:	Reason:

I give my permission for the mental health/substance abuse/social service professionals working with me to release to the Probation Officer listed above information regarding my contact with those professionals.

_____ _____ _____

Witness Date Authorized Signature