CRIME VICTIM COMPENSATION BOARD

Fourth Judicial District
Office of the District Attorney
105 E. Vermijo, Ste 111, Colorado Springs, CO 80903
Office: (719) 520-6000 Fax: (719) 520-6172

PROGRESS REPORT AND EXTENSION REQUEST

This form must be typed. All forms submitted not typed will be returned to the provider. This form must be submitted to request therapy sessions after every 20 approved sessions have been completed.

This treatment plan may be subject to discovery in court proceedings.

Therapist Information

Name of Therapist: _____

Circle One: M.D. Ph.D. M.A. M.S. M.S.W. OTHER

State Licensed? YES_____ NO _____

License type and #:_____

ONLY STATE LICENSED THERAPISTS ARE ELIGIBLE FOR PAYMENT

Address:_____

Telephone:_____Email:_____

Victim Information

Check One: ☐ Primary Victim ☐ Secondary Victim

- Victim's Name: _____
- Victim's age at time of crime:_____
- Length of time victimization occurred:_____
- Date treatment began:_____
- Number of sessions to date:_____
- Number of **Victim Compensation Sessions** to date:_____

Identification of current symptoms and changes in previously documented symptoms:

Diagnosis (DSM-IV-TR or DSV V, name and numeric code):_____

- Present treatment goals:

- Evaluation of progress toward treatment goals:

Are you requesting a treatment extension? Yes No

- Reasons for additional treatment request:

- Updated treatment goals and therapy methods related to updated goals:

How will progress be measured?:

- Estimated duration of treatment:_____

- Number of additional sessions requested:_____

- New termination date: _____

****Victim Compensation is the payer of last resort, as such, all health insurance coverage, including Medicaid and Medicare, must be utilized prior to the victim compensation program making awards.**

I acknowledge that a failure to follow the policies could result in not being reimbursed for services that were rendered in a manner that does not conform to these policies. I understand that violations of Board Policies could also result in ineligibility to receive future funding from the Crime Victim Compensation Fund.

Therapist Signature:_____ Date: _____

I have read and understand the treatment goals for my continued mental health therapy. I understand that this Progress Report and Extension Request will be provided to the 4th Judicial District Victim Compensation Board as a request for additional therapy sessions. My signature acknowledges my understanding and will be considered to be in agreement with the request for ongoing therapy.

Patient Signature:_____ Date: _____