

# Monthly Report to the Department of Behavioral Health & Developmental Services Reviewing Conditional Release of an Insanity Acquittee

Month/Year Reviewed

Email to:  
[csb.ngri@dbhds.virginia.gov](mailto:csb.ngri@dbhds.virginia.gov)

OR

Fax to:  
804-786-9621

OR

Mail To:  
Office of Forensic Services  
DBHDS  
P.O. Box 1797  
Richmond, VA 23219

RE: AcquitteeName:

Court Case No(s):

Date of Conditional  
Release Order:

## GENERAL CONDITIONS OF RELEASE

<u>Condition Description</u>	<u>Level of Compliance</u>	<u>Comments</u>
1)	Never	
	Sometimes	
	Always	
2)	Never	
	Sometimes	
	Always	
3)	Never	
	Sometimes	
	Always	
4)	Never	
	Sometimes	
	Always	



# Monthly Report to the Department of Behavioral Health & Developmental Services Reviewing Conditional Release of an Insanity Acquittee

## SPECIAL CONDITIONS OF RELEASE

Condition Description

Level of Compliance

Comments

1)

Never

Sometimes

Always

2)

Never

Sometimes

Always

3)

Never

Sometimes

Always

4)

Never

Sometimes

Always

5)

Never

Sometimes

Always

6)

Never

Sometimes

Always

7)

Never

Sometimes

Always

# Monthly Report to the Department of Behavioral Health & Developmental Services Reviewing Conditional Release of an Insanity Acquittee

## SPECIAL CONDITIONS OF RELEASE

<u>Condition Description</u>	<u>Level of Compliance</u>	<u>Comments</u>
------------------------------	----------------------------	-----------------

8)

Never

Sometimes

Always

9)

Never

Sometimes

Always

10)

Never

Sometimes

Always

11)

Never

Sometimes

Always

12)

Never

Sometimes

Always

13)

Never

Sometimes

Always

14)

Never

Sometimes

Always

# Monthly Report to the Department of Behavioral Health & Developmental Services Reviewing Conditional Release of an Insanity Acquittee

## SPECIAL CONDITIONS OF RELEASE

<u>Condition Description</u>	<u>Level of Compliance</u>	<u>Comments</u>
15)	Never	
	Sometimes	
	Always	
16)	Never	
	Sometimes	
	Always	
17)	Never	
	Sometimes	
	Always	
18)	Never	
	Sometimes	
	Always	
19)	Never	
	Sometimes	
	Always	
20)	Never	
	Sometimes	
	Always	

# Monthly Report to the Department of Behavioral Health & Developmental Services Reviewing Conditional Release of an Insanity Acquittee

Comments on acquittee's progress and adjustment in the community this reporting period (including the results of SA testing):

## Staff completing the form:

Signature:

Name:

Agency:

Phone:

Fax:

Email: