



## Application for Change in Status Privileges

*Bureau of Intensive Treatment Services (BITS)*

### Part I – Completed by Director or Deputy Director and Treatment Leader

Individual's Name (Last, First, M.I.):	DOB	TABS ID#	Facility	Program/Unit
<b>Individual's Status:</b> <i>(Check only one)</i> <input type="checkbox"/> Article 15 MHL Retention, with history of CPL §730 <input type="checkbox"/> CPL §730.40 Final Order/ Article 15, MHL <input type="checkbox"/> CPL §730.40 Temporary Order of Observation <input type="checkbox"/> CPL §730.50 Order of Commitment or Retention <input type="checkbox"/> CPL §330.20 Exam, Commitment, Recommitment or Retention		<b>Action Requested:</b> <i>(Check only one)</i> <input type="checkbox"/> Discharge from facility to community <input type="checkbox"/> Transfer <i>(between campus-based settings)</i> <input type="checkbox"/> Unescorted Furlough/Outings <i>(attach description)</i> <input type="checkbox"/> Escorted Furlough/Outings <i>(attach description)</i> <input type="checkbox"/> Conversion to Civil (e.g., post-CPL 730 or Jackson Relief)		
<b>Note:</b> (1) CPL §730 statuses also require NOTICE per CPL §730.60 for actions that will result in increased liberty. (2) CPL §330.20 (Track 1) requires court orders for furloughs, transfer to non-secure facility or discharge.				
<b>Summary of clinical, social, and criminal history; include circumstances surrounding the (alleged) act(s) leading to the current or former CPL admission or retention.</b>            				
<b>Rationale for Action Requested</b>          				
<b>We, the undersigned, believe that the present condition of the individual referenced above:</b> <input type="checkbox"/> <b>Warrants the action requested</b> <input type="checkbox"/> <b>Does not warrant the action requested</b>				
Signature of Treatment Team Leader		Print Name, Title		Date
Signature of Director or Deputy Director		Print Name, Title		Date

**Part II – Completed by Local Forensic Committee**

Individual's Name (Last, First, M.I.)

<b>Action (listed on page 1) Recommended:</b>			
		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Disapproved</b>
<b>Comments:</b>			
Committee Decision <input type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature	Print Name, Title	Date
Committee Decision <input type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature	Print Name, Title	Date
Committee Decision <input type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature	Print Name, Title	Date
Committee Decision <input type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature	Print Name, Title	Date
Any Dissenting Opinion(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	Print Name, Title	Date
Dissenting Opinion (attach dissenting opinion(s), if necessary)			

**PART III – APPROVAL/DISAPPROVAL – Completed by Director/Deputy Director**

<b>Action (listed on page 1) Recommended:</b>		
		<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>
<b>Comments:</b>		
Signature	Print Name, Title	Date