**Individual Justice Plan**

**Presenting Problems**

**Assessment**

Residential

 Vocational

Click or tap here to enter text.

 Education/Training

Click or tap here to enter text.

 Medical

Click or tap here to enter text.

 Mental/Behavioral Health

Click or tap here to enter text.

 Financial

Click or tap here to enter text.

 Social/Recreation

Click or tap here to enter text.

 Family

Click or tap here to enter text.

 Identity and Cultural background

Click or tap here to enter text.

 Transportation

Click or tap here to enter text.

 Advocacy

Click or tap here to enter text.

 Further Assessments Needed

Click or tap here to enter text.

**Recommendations**

 Positive Behavior Supports

Click or tap here to enter text.

 Counseling

Click or tap here to enter text.

 Supervision/case management

Click or tap here to enter text.

 Community Service

Click or tap here to enter text.

 Hospitalization

Click or tap here to enter text.

 Agency Transfer

Click or tap here to enter text.

 Other treatment/training

Click or tap here to enter text.

 Psychotropic medication management

Click or tap here to enter text.

 Restitution

Click or tap here to enter text.

 Fine

Click or tap here to enter text.

Probation

Click or tap here to enter text.

Incarceration

Click or tap here to enter text.

**Other Recommendations**

Click or tap here to enter text.

**Anticipated Outcome**

Click or tap here to enter text.

**Integration**

Click or tap here to enter text.

**Review of the IJP**

Click or tap here to enter text.

**Consent**

Click or tap here to enter text.

**Confidentiality**

Click or tap here to enter text.

I have reviewed and agree with all components of the Individual Justice Plan document. I am aware that I have the right to request changes to this document at any time. I am aware that some components of this IJP may be court ordered and that I may not have the right to revise these components.

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Signature of Client Date

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Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Date

List of IJP Team members:

Click or tap here to enter text.