

MONTANA DEPARTMENT OF CORRECTIONS
PROGRAMS AND FACILITIES BUREAU

DOC COMMITMENT INITIAL PLACEMENT NOTIFICATION

Date: _____ Cause #: _____
RE Offender: _____ DOC ID #: _____
Judge: Honorable _____
County Attorney: _____
Defense Attorney: _____
Sentence: _____
Court Placement Recommendation: _____

Assessment/Evaluation Summary:

- | | |
|---|---|
| <input type="checkbox"/> Presentence Investigation Report | <input type="checkbox"/> Mental Health Evaluation |
| <input type="checkbox"/> MORRA Assessment | <input type="checkbox"/> Sexual Offender Evaluation |
| <input type="checkbox"/> WRNA Assessment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Substance Use Evaluation | |

Placement Decision:

- | | |
|---|---|
| <input type="checkbox"/> Assessment Center: (select) | <input type="checkbox"/> Nexus Treatment Center |
| <input type="checkbox"/> 90-day Treatment Program: (select) | <input type="checkbox"/> Conditional Release |
| <input type="checkbox"/> Prerelease: (select) | <input type="checkbox"/> Elkhorn Treatment Center |
| <input type="checkbox"/> Secure Facility: (select) | <input type="checkbox"/> Other: _____ |

Reason(s) for placement decision if court recommendation(s) could not be followed:

- Less restrictive treatment option as first choice
- Offender refused placement
- Substance Use Evaluation recommended lower level of treatment
- Denied by Facility Screening Committee
- Different Court made different recommendation
- Longer treatment program needed
- Short to discharge
- Offender case management need for community supervision
- Secure placement to prison

Comments or additional information regarding placement decision:

PPD/PFB Bureau Chief or designee

Designee's Title (when applicable)