

SMART Tip Sheets

8-507 Treatment Placement

8507 Treatment Placement

This Tip Sheet focuses on the steps required to completing required fields for placement of an 8-507 client.

Total Pages: 2

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8-507 Placement

- Entry Steps:** Login, Select Facility, Client List, select client, Activity List, Court Monitoring, 8-507 Treatment Placement.
- Click on the **Add New** hyperlink.
- Required fields are documented below along with definitions.
 - County* – County in which the order originates
 - Type 8-507 Staff Name* – Person who completes the 8-507
 - Treatment Program* – Treatment Agencies client was referred to
 - Wait List* – Was client placed on Treatment Program’s waiting list
 - Multiple Cases* – Does client have multiple cases Yes or No
 - Received Date* – Date the order was received
 - Wait List Date* – Date the client went on the Treatment Agencies wait list.
 - Case Nos* – Case numbers found on 8-507 order.
 - Date of Referral* – Date the Referral was made
- If you know the information for the other fields you may complete them.
- Click on Save and or Finish button

Court Monitoring - CM8507 TreatmentPlacements				
Received Date	Treatment Agency	County	Outcome	Actions

CM8507 TreatmentPlacement [Add New](#)

Click here to activate screen

8-507 Treatment Placement

County	<input type="text"/>	8-507 Received Date	<input type="text"/>
SSN	789-45-1235	Subpoena Received Date	<input type="text"/>
Consent	<input type="text"/>		
Type 8-507 Staff Name	<input type="text"/>		
Defendant Location	<input type="text"/>		
Agency	<input type="text"/>		
Wait List	<input type="text"/>	Wait List Date	<input type="text"/>
Co-Occuring WaitList	<input type="text"/>	DOC No	<input type="text"/>
Multiple Cases	<input type="text"/>	DOC Committed	<input type="text"/>
Accept Letter Received	<input type="text"/>	Case No's	<input type="text"/>
DOC Clearance Approved	<input type="text"/>	Date of Referral	<input type="text"/>
Detainer	<input type="text"/>	DOA	<input type="text"/>
Med Record Request	<input type="text"/>	Detainers	<input type="text"/>
Psychiatric Record Request	<input type="text"/>	Outcome	<input type="text"/>
Close	<input type="text"/>	Response	<input type="text"/>
		Date Close	<input type="text"/>

Click on Save and/or Finish when completed