

Psychiatric Security Review Board
Application for Modification of Conditional Release (CR)

Complete one form for each modification

Acquittee Name:

1. Describe the requested change to the current Memorandum of Decision:

2. Describe the clinical rationale and treatment progress supporting the acquittee's readiness for this modification:

3. List the relevant community providers contacted about this modification:

4. Has the six month reporter reviewed this modification?
 Yes No
 - a. If yes, is the six month reporter in support of this modification?
 Yes No
 - b. If no, please explain:

5. Has the Probation Officer been contacted regarding this modification?
 Yes No N/A
 - a. If yes, is the Probation Officer in support of this modification?
 Yes No
 - b. If no, please explain:

Signature

Date

Printed name

Relationship to acquittee

Agency