

STATE OF MAINE
NOTIFICATION TO CLIENT OF MOTION TO THE DISTRICT COURT
FOR CHANGE IN CLIENT'S PROGRESSIVE TREATMENT PROGRAM STATUS

___ A motion has been made to the District Court for a hearing to determine whether your participation in the Progressive Treatment Program should be [check one]

- dissolved
- modified
- extended for ____ months [not to exceed 12].

___ You have been presented with a copy of the application and accompanying documents.

___ You and your guardian, if any, have the right to retain an attorney or to have an attorney appointed.

___ You and your guardian, if any, may contact the District Court by mailing a letter to:

Clerk of Courts
Maine District Court
[address]

Client Signature

Date

Signature of Applicant's Representative

Date