SUPERIOR COURT OF CALIFORNIA COUNTY OF MERCED

www.merced.courts.ca.gov

COUNSELOR/THERAPIST PROGRESS REPORT

****REPORT TO BE PLACED IN CONFIDENTIAL SECTION OF THE COURT FILE.****
****REPORT NOT TO BE VIEWED OR RELEASED WITHOUT A COURT ORDER.****

Therapist/counselors email the report to: Family.Law.Reports@mercedcourt.org or mail to the Merced Superior Court Family Law Clerks Office at 627 W. 21st Street, Merced CA 95340.
If you need additional information or have questions, please call Family Court Services at (209) 725-4253.

****Document to be submitted to the Court two weeks prior to the further hearing.** ☐ **Check this box if you have attach additional documents regarding this Progress Report.**

Date_____ **Court Case & Number** _____

Client _____ **Age or DOB**_____
First Middle Last

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First Middle Last

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First Middle Last

Client _____ **Age or DOB**_____
First Middle Last

Service Type (circle): Assessment Individual Conjoint Family Group Other (specify)

Intake date (include persons present)_____

Diagnosis

If a child received services did the mother ___father___other party (ID)___participate?
If yes describe participation.

Attendance (include dates, cancellations, and no shows)

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Focus of Treatment

Treatment Impressions (progress and/or concerns)

Recommendations for further treatment and/or other services for the identified client.

Other information of benefit regarding the case:

Please provide the following information:

Your Name and License:	
Address:	
Office number:	**Fax number:**
Alternate number where you can be reached:	
Email:	
Signature	