



**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](mailto:Family.Law.Reports@mercedcourt.org) or mail to the Merced Superior Court Family Law Clerks Office at 627 W. 21<sup>st</sup> 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

Client \_\_\_\_\_ Age or DOB \_\_\_\_\_  
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**