

STATE OF NEW MEXICO
CRIME VICTIMS REPARATION COMMISSION

SUSANA MARTINEZ
GOVERNOR



KRISTINE RING
DIRECTOR

REQUEST FOR ADDITIONAL THERAPY SESSIONS

IF ADDITIONAL SESSIONS ARE NEEDED, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COMMISSION PRIOR TO THE INITIAL 30 SESSIONS BEING EXHAUSTED.

THERAPIST'S NAME: _____ LICENSE # _____

VICTIM'S NAME: _____

CLIENT'S NAME: _____

Current Behaviors in Treatment:

Reasons for Additional Treatment Request:

Revised Treatment Goals and Plan:

Other Pertinent Information:

Number of Sessions to Date: _____

Number of Additional Sessions Requested: _____

Current Involvement Between the Offender and Victim: _____

Percentage of Treatment Related to the Crime: _____

THERAPIST'S SIGNATURE

DATE