[Date]

[Sending Provider Name/Facility]
[Address]
[City, State, Zip Code]

[Receiving Provider Name/Facility]
[Address]
[City, State, Zip Code]

RE: Transfer of Care for [Patient Name]
Court Case Number: [Case Number]
Date of Birth: [DOB]

To [Contact Name or Intake Department],

This letter serves as a formal transfer of care for [Patient Name], who is currently under a court order for substance abuse treatment issued by [Name of Court/Judge].

The patient has been receiving treatment at [Sending Facility Name] since [Start Date]. Their current level of care is [Level of Care, e.g., Intensive Outpatient]. As of [Transfer Date], the patient is being transferred to your facility for [Reason for Transfer, e.g., higher level of care, relocation, or completion of phase].

Treatment Summary:

- Current Diagnosis: [Diagnosis Codes/Description]
- Last Date of Service: [Date]
- Current Medications: [List Medications or 'None']
- Compliance Status: [Compliant/Non-Compliant with Court Requirements]

Enclosed are the patient's clinical records, the original court order, and the signed Release of Information (ROI). Please ensure that progress reports continue to be sent to the [Probation Officer/Court Official Name] at [Phone/Email] to maintain legal compliance.

Please confirm receipt of this transfer and the patient's first scheduled appointment date.

Sincerely,

[Signature]
[Printed Name and Title]
[Phone Number]
[Email Address]

cc: [Probation Officer/Attorney Name]