

**District of Kansas**  
**MRT Discharge Summary**

Date \_\_\_\_\_

Defendant/Offender Name: \_\_\_\_\_

MRT Group Location: \_\_\_\_\_

Facilitator: \_\_\_\_\_

On the above listed date, the defendant/offender:

\_\_\_\_ Graduated from the MRT program and is successfully discharged from Cognitive Behavioral Therapy group.

\_\_\_\_ Was unsuccessfully discharged from the MRT program for the following reason: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

It is recommended the defendant/offender continue with cognitive based training through the U.S. Probation Office and/or other resources.

Defendant/Offender Signature \_\_\_\_\_

Facilitator Signature \_\_\_\_\_