

Monthly Treatment Agency Report Form

Probation Department
Municipal Court
123 Main Street
Sometown, WA 98000

Attn: _____
Probation Officer/Compliance Clerk

From: XYZ Recovery Center
123 Oak Street
Ph: 555-1212, Fax 555-2121

RE: _____
Last, First, Middle

Date of Birth

Case No (s)

Reporting Period: From: (month/year) _____ To: (month/year) _____

Current Status: In Compliance Not in Compliance Discharged _____
Reason

Current Treatment Program/Phase _____

Sessions Scheduled _____ # Sessions Attended _____ #Sessions Missed _____ # Excused _____

Dates Attended _____

Support Group Attendance Reported Verified Unsatisfactory
(explain in comments below)

UA/BA testing Yes No
 Neg Positive for _____

Date tested

If not in compliance, agency action taken: _____

Treatment Recommendation/Comments: _____

Alcohol/Drug Counselor _____ Date: _____

Federal Disclosure Statement

