YORK COUNTY DRUG TREATMENT COURT PROGRAM

COURT OF COMMON PLEAS

NINETEENTH JUDICIAL DISTRICT
45 NORTH GEORGE STREET
YORK, PA 17401

TELEPHONE
(717) 771-9602
x-235

FAX NUMBER
(717) 771-9983

TREATMENT / CASE MANAGEMENT UPDATE REPORT

***** PLEASE FAX THIS REPORT TO BILLIE KILE AT THE PROBATION DEPARTMENT AT (717) 771-9983, FOLLOWING EACH APPOINTMENT**

To: York County Drug Treatment Court Program

From:_____,Agency_____

Re: _____ Date: _____

Client attended session(s) on _____.

Client is maintaining total abstinence: YES / NO.

Client is self-motivated in group functions: YES / NO.

Client is staying in compliance with his therapeutic treatment process: YES / NO.

Client is attending AA/NA meetings: YES / NO. He/she should attend _____ meetings per week.

RECOMMENDATIONS/ COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____
Counselor / Case Manager Signature

❑ I would like to observe Drug Treatment Court.

THANK YOU FOR YOU COOPERATION IN THIS MATTER.

This report serves to verify the progress and/or treatment status of this individual while involved in the York County Drug Treatment Court Program.

Anticipated Discharge Date: _____