|  |
| --- |
| **CLIENT NAME:** **LEVEL:** |
| COURT / SUPERVISION / TESTING  |
| Court Schedule |  | Supervision Mtgs |  |
| SCRAM Schedule |  | Schedules w/DOC |  |
| PBT Schedule |  | Free Time |  |
| Call-in Testing Schedule |  | Curfew |  |
| Valid License? |  | Lic. Restrictions? |  |
| TREATMENT / EDUCATION / COMMUNITY RECOVERY / OTHER SERVICES |
| **REQUIRED HOURS = \_\_\_\_hours weekly** |
| Provider | Service/Counselor | Frequency | Notes |
| Curran-Seeley  | IOPT Group |  |  |
| Curran-Seeley | Ind w/ |  |  |
| JHCCC  | Ind w/ |  |  |
| JHCCC | Group (s) : |  |  |
| Nutrition/Medical/etc? |  |  |  |
| Community Recovery |  |  |  |
| Other |  |  |  |
| EMPLOYMENT / School / Volunteer |
| Organization 1: |  | Wkly Hrs: |  | Pay / Frequency: |  |
| Organization 2: |  | Wkly Hrs: |  | Pay / Frequency: |  |
| DRUG COURT PROGRAM GOALS |
| **GOAL 1:** |  |
| **GOAL 2:** |  |
| **GOAL 3:** |  |
| PAYMENT OBLIGATIONS |
| Provider | Balance / Date | Monthly Payment Schedule | Notes |
| Court Fines+Fees |  |  |  |
| Restitution |  |  |  |
| Drug Court |  | $50/Month | Beginning \_\_\_\_\_\_\_\_\_\_\_\_ |
| Curran-Seeley |  |  |  |
| JHCCC |  |  |  |
| SCRAM set up fee |  | $50 fee, due in 60 days | Due \_\_\_\_\_\_\_\_ |
| Treatment Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Probation Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NOTES:**  |