|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | | | | |