

Weekly Drug Court Report

Your **Drug Court Binder** is required to be with you at time of court appearance, weekly check in, or when making a visit/Office Report with either the Trackers or AP&P.

Name: Address: Cell #: Facebook: Email: Employer/wage:	Drug court start date: # of weeks in program: Next court appearance:
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Current Phase _____

Start Date	# of weeks in Phase	30 wks from start	Project Advancement date

(Your days earned off, subtracted from 30 week date above is your projected advancement date)

Are you in compliance with all drug court rules and all five target behaviors? (Yes / No)

Record you days earn off below for each week (Maximum 20 days for each month)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Debt	Date/amount last receipt	Balance	Current (Y / N)
AP&P:			
Fine:			
Treatment:			

1. Date of last drug/alcohol use ____/____/____. Substance used:
2. I have been clean and sober now for ____ days. (____ years, ____ months and ____ days)
3. I submitted to ____ urine tests this week.
4. Compliance/Non-Compliance:

I affirm that my drug court binder is up to date with AP&P billing statements and receipts, Four Corners billing statements and receipts, employment verification (payments stubs/checks), treatment certificates, doctor approved medical letter if taking medication, (hand written list and log of refills if on medication), and that all information has been answered truthfully.

Date/Signature of participant

Signature Drug Court Coordinator

