

AFTERCARE REPORT

Report Due: Monthly

ID #: _____

DOPL
ATTN: PROBATION/URAP
PO BOX 146741
SALT LAKE CITY UT 84114-6741

Name: _____

Profession: _____

Questions? Call 530-6428, 530-6718 or 530-6295

DOPL is appreciative of the effort and support your program offers our probationers and diversionees. We consider your observations especially valid since you see them in a facilitated setting weekly. It is important that you keep us apprised of situations which could affect their recovery and advise us of anything which would be important in our efforts to assist them.

MONTH: _____

Week 1, Date _____ Comments/Observations:	RELAPSE SYMPTOMS NOTED <input type="checkbox"/>
Week 2, Date _____ Comments/Observations:	RELAPSE SYMPTOMS NOTED <input type="checkbox"/>
Week 3, Date _____ Comments/Observations:	RELAPSE SYMPTOMS NOTED <input type="checkbox"/>
Week 4, Date _____ Comments/Observations:	RELAPSE SYMPTOMS NOTED <input type="checkbox"/>
Week 5, Date _____ Comments/Observations:	RELAPSE SYMPTOMS NOTED <input type="checkbox"/>

Random Drug Screens obtained? YES NO RESULTS: _____

Please discuss any comments, recommendations or problems for this probationer:

Signature Institution Phone Number Signature Date