

AFTERCARE REPORT

Report Due: Monthly, unless otherwise directed.

Case #: _____

Name: _____

DOPL PROBATION

This document may be directly uploaded to Spectrum or submitted by FAX to (801) 530-6404. **Please include DOPL case number.**

Profession: _____

DOPL is appreciative of the effort and support your program offers our probationers. 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
Week 2, Date _____	Comments/Observations
Week 3, Date _____	Comments/Observations
Week 4, Date _____	Comments/Observations:
Week 5, Date _____	Comments/Observations:

Random Drug Screens obtained? YES NO RESULTS: _____

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

Printed Name

Signature

Institution

Phone Number

Date