



# SHEBOYGAN DRUG & ALCOHOL TREATMENT COURT

## WEEKLY REPORT FORM

NAME: \_\_\_\_\_

PHASE: \_\_\_\_\_

TOTAL DAYS IN CURRENT PHASE: \_\_\_\_\_

TOTAL DAYS IN PROGRAM: \_\_\_\_\_

CURRENT CONSECUTIVE DAYS ABSTINENT: \_\_\_\_\_

TOTAL DAYS ABSTINENT: \_\_\_\_\_

SINCE LAST REPORT, HAVE YOU?	YES	NO	When/Where/ How many	Results:
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Attended all scheduled Treatment appointments and was on time?				
Participated in all random drug/alcohol testing?				
Attended all scheduled meetings with Probation Agent and/or Treatment Court Coordinator?				
Have you adhered to all law enforcement checks?				
Have you attended at least 1 community support meeting this week?				
Have you made contact with your sponsor?				
Completed Rule of 40 (if required)?				
Have you been on time for all scheduled shifts for work and have you completed all scheduled shifts?				
If you received a sanction during the last Treatment Court Session, have you followed and/or completed all requirements?				

I verify all the above information is true and accurate. I understand false statements may result in sanctions and/or termination from the Treatment Court Program.

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

## AREAS OF PROGRESS

Please consider each area below and write a brief description of what you learned and what progress you made since your last court date; **BE AS DETAILED AS POSSIBLE:**

Work and Education:

Personal Relationships/Social Support:

Family:

Legal:

Housing:

Mental or Emotional Health (Include any/all medication changes):

Physical or Medical Health (Include any/all medication changes):

Leisure Time Activity:

Informal Supports and Community Contacts:

Safety Issues: