

## Sheboygan Area Veterans Treatment Court Weekly Log

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Week since last court:

Phone: (\_\_\_\_) \_\_\_\_\_

1      2      3      4      5

Email: \_\_\_\_\_

Mentor: \_\_\_\_\_

Since last report have you:	YES	NO	COMMENT
Used Alcohol			
Used Non-Prescribed Drugs			
Missed Any Appointments With The VA			
Missed Any Appointments With Other Treatment Providers			
Had Any Law Enforcement Contact			
Missed Worked			
Missed Any AODA Testing			

How many times did you meet with your mentor this week? \_\_\_\_\_

Method of Contact(s) (phone, text, in-person, e-mail, etc)? \_\_\_\_\_

Support group(s) attended this week?

What did you learn or get out of the support group(s) you attended this week?

Please give an example of one struggle that you faced this week and identify what coping skills you used to overcome the struggle:

Please identify positive contacts you had throughout the week. These contacts could be with your sponsor, mentor, family, friends, etc.:

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

Veterans Signature: \_\_\_\_\_ Date: \_\_\_\_\_