

USPO Assigned:
USPO Phone #:

Date Started Support Court:	
Estimated Date to Graduate:	
Phase:	Week:

SUPPORT COURT REPORT

U.S. District Court
District of Connecticut

Client Name (Last, First, M.I.):	<input type="checkbox"/> M <input type="checkbox"/> F	FACTS #:
Personal Client Phone #:	Client Email:	
Supervision Status:	<input type="checkbox"/> Supervised Release <input type="checkbox"/> Probation <input type="checkbox"/> Pretrial	
Supervising Judge:	Begin Supervision:	

SUBSTANCE ABUSE TREATMENT

TREATMENT PROVIDER & PRIMARY COUNSELOR:

Treatment Type & Schedule:	<input type="checkbox"/> IOP	IOP Schedule:
	<input type="checkbox"/> Group	Group Schedule:
	<input type="checkbox"/> Individual	Individual Schedule:
Attendance:	<input type="checkbox"/> No Absences <input type="checkbox"/> Excused Absences <input type="checkbox"/> Unexcused Absences	
Treatment Provider Comments:		

DRUG TESTING

Date of Last Use / Drug:		
Date	Method (Patch, UA, Alcohol Test)	Results / Client Admit

Prosocial Support Network (Family, friends):

PREVIOUS SUPPORT COURT APPEARANCE

DATE OF LAST APPEARANCE:

Incentive at Last Appearance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Incentive given, what was it?		
Sanctions Ordered:		
Goals:		
Homework:		

USPO Comments: