

**Weekly Drug Court Report**  
(This form is required to be with you at court)

|   |  |
|---|--|
| Name:<br>Address:<br>Cell #:<br>Facebook account:<br>Email:<br>Employer/shift/wage: | Drug court start date:<br>Total # of weeks in program:<br>Current phase:<br>Next court appearance: |
|---|--|

Phase advancement history

| Phase | Started: | Completed: | # wks | Incentives earned: | # sanctions |
|-------|----------|------------|-------|--------------------|-------------|
| 1     |          |            |       |                    |             |
| 2     |          |            |       |                    |             |
| 3     |          |            |       |                    |             |
| 4     |          |            |       |                    |             |
| 5     |          |            |       |                    |             |

Notes for eligibility on requesting next phase up packet

Payments - (Receive additional incentives for cumulative fine payments presented before phasing up/commencement)

| Original Debt/amount | Date/amount last receipt | Balance | Current (Y / N) |
|----------------------|--------------------------|---------|-----------------|
| Fine:                |                          |         |                 |
| AP&P:                |                          |         |                 |
| Treatment:           |                          |         |                 |

Daily call in and UA history

|  |   |   |   |
|--|---|---|---|
| 1. Describe/date any late or insufficient samples. | 2. Describe and date any missed check in. | 3. Describe/date your last illicit and or prescription use. | 4. Record number of years/months/week /days of your sobriety. |
|--|---|---|---|

Honesty towards your substance abuse is reflected here

1.

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2.

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3.

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4.

Record your 40 hour weekly accumulation of:

|                    |                      |                       |
|--------------------|----------------------|-----------------------|
| 1. Work/Job Search | 2. Community Service | 3. Prosocial meetings |
|--------------------|----------------------|-----------------------|

Include location and the total number of hours

|    |
|----|
| 1. |
| 2. |
| 3. |

Treatment/Pro Socials/Self Help/AA or NA

| Date/Class/Program/Type/Group: | Attendance/Assignments current: | Counselor/Instructor Signature: |
|--------------------------------|---------------------------------|---------------------------------|
|                                |                                 |                                 |
|                                |                                 |                                 |
|                                |                                 |                                 |
|                                |                                 |                                 |
|                                |                                 |                                 |
|                                |                                 |                                 |
|                                |                                 |                                 |
|                                |                                 |                                 |
|                                |                                 |                                 |

Incentives/Sanctions

|   |   |
|---|---|
| Record what incentives you will request at your next drug court appearance: | Document any pending violation/assignment here that will be reviewed at drug court: |
|   |   |
| # of weeks without a sanction:  | # of consecutive weeks being 100% compliant:  |
|   |   |

Results/status of motions I submitted this week and or plan to submit NLT 48 hrs before court:

|  |
|--|
| Date/Time motion submitted to court ____ / ____ / ____ @ _____. Brief description/purpose of motion: |
|--|

I affirm that all of the above questions have been answered truthfully.

\_\_\_\_\_  
Date/Signature of participant

Signature Drug Court Coordinator