

JDC PROVIDER COURT/PROGRESS REPORT

Initial	On-Going	Termination
Treatment Provider Information		
Provider Name:		Report Completed By:
Provider Address:		Provider Phone #:
City, State, Zip:		Court Date:
Probationer Data		
Probationer Name:		JOLTS/Case #:
Date of Birth:		P.O. Name:
Substance Abuse Treatment Services		
Treatment Status		
Monthly Service Hours		
Phase	Started	Completed
Attended	Absent	Late
Screened		
Phase 1		
Phase 2		
Phase 3		
Aftercare		
Alumni		
Circle applicable ATTENDANCE dates:		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
Circle applicable ADSENCE dates		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
Client Involvement Rating Scale		
Rating Scale:		Attendance
1 = Poor	5 = Excellent	Compliance
2 = Below Average		Motivation
3 = Average		Defensiveness
4 = Above Average		Effort
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
Monthly Urinalysis		
Co- Payments		
Total Number of Urine Tests Performed	Total Number of Payments Required	
Total Number of Positive test results	Total Number of Payments Received	
Total Number of Negative test results	Total Payment Amount Collected	
Termination Information		
Successful Termination		Unsuccessful termination
Within time frames		Moved
30 days additional		Institutionalized
60 day additional		Lack of contact
90 days additional		Probation ended
Comments:		