Attachment B

Weekly Caseworker Report

Name of Drug Court Treatment Provider

Caseworker: _____Client: _____

Name Sex Race DOB

Status Week Ending: _____ **Current Phase**:_____**Current Phase Begin Date**: _____

Docket #: _____

COMMENTS:

Changes in Address, Employment and Substance Usage should be noted on the other side of the sheet.
Legend: AA=12 Step; CL=Clinical Group; AC=Make-up, OT= Other type of meeting MUST IDENTIFY WHAT TYPE

Scheduled Meeting / Treatment					
TYPE	**DATE**	**ATTENDED MISSED**	**COUNSELOR**	**GROUP / INDIVIDUAL**	**MAKE UP YES / NO**
AA				**Group**	
AA				**Group**	
AA				**Group**	
CL				**Group**	
CL				**Group**	
CL				**Group**	
CL				**Group**	
CL				**Group**	
CL				**Group**	
AC					
OT					

Scheduled Urine Tests

Date	Drug/ Level	N / P	Drug/ Level	N / P	Drug/ Level	N / P	Drug/ Level	N / P	Drug/ Level	N / P	Drug/ Level	N / P	Tester	Att/ Miss

Legend: AL=Alcohol AM=Amphetamine B=Barbiturates CO=Cocaine CR=Crack
H=Heroin MA=Marijuana ME=Methamphetamine O=Opiates PH=PCP
N / P=Negative / Positive Att / Miss=Attended / Missed