

Recovery Support Court Program Client Progress Report

Agency: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

I. Client Information

Name: (Last, First) Click here to enter text.		Case Number: Click here to enter text.
Court Location (Division/Department) Click here to enter text.	Court Date: Click here to enter text.	Current Reporting Period: Click here to enter text.

II. Case Information

Treatment Start Date: Click here to enter text.	Estimated Treatment End Date: Click here to enter text.	Current Treatment Modality: Click here to enter text.
DCFS Worker: Click here to enter text.		Date Progress Report Sent to Worker: (Prior to Court Date) Click here to enter text.

III. Toxicology Results Since Last Court Date

Last Toxicology Test Date: Click here to enter text.	Current Results				
	Negative	Positive	No-Show	Declined to Test	Total
	0	0	0	0	0
<input type="checkbox"/> Tested Negative for All Nonreported and Nonprescribed Substances <input type="checkbox"/> Positive Test Information (include date, time, which substance(s) were identified, and whether the result was expected to be positive based on the client's medication treatment) Click here to enter text.					



IV. Meeting/Group Information Since Last Court Date

Current Reporting Period			
Meeting Type	Required	Attended	Missed
Parenting Education	0	0	0
Relapse Prevention	0	0	0
Domestic Violence	0	0	0
Anger Management	0	0	0
Life Skills	0	0	0
Drug Education	0	0	0
NA/AA	0	0	0
HIV Awareness	0	0	0
Dual Diagnosis	0	0	0
Individual Sessions	0	0	0
Other:	0	0	0

V. Provider Comments

Click here to enter text.

Report Completed by: Click here to enter text.

Date: Click here to enter a date.

