

STATE OF ILLINOIS
TWENTY-FOURTH JUDICIAL CIRCUIT
COURT SERVICES AND PROBATION
Perry/Washington County Drug Court

618-327-6012

Client Name:

Client's Phone
Number:

Client's physical
address:

Client currently
resides with:

Relationship to
client:

Current Probation
Officer:

Current Employer
or School:

City of Employer or
School:

Health Insurance
provider:

Current
Medications:

Court ordered requirements:

Public Service Work ☐
Counseling ☐
MRT ☐
House Arrest ☐
Curfew ☐
Maintain Employment or GED classes ☐

Check all that apply

Employment Status:

Full-time ☐
Part-time ☐
Laid off ☐
Disabled ☐
Full Time Student ☐
Unemployed ☐

Have you
had any
police
contact
within the
past 30
days? Yes ☐
No ☐

If yes,
describe the
incident and
location:

Are you in
Compliance? Yes ☐
No ☐

If no, explain:

Date of sobriety:

Have you had any recent drug or alcohol use? Yes ☐ No ☐ If yes, please disclose the use to the drug court officer and/or your counselor. It is important that you tell the truth. *Failing to tell the truth can result in a more serve sanction.*

What is one positive thing or goal you reached this month?

Signed: _____ Date: _____
(Probationer)

PROVIDING FALSE INFORMATION ON THIS FORM COULD RESULT IN A SANCTION OR VIOLATION OF DRUG COURT!!

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Probation Officer
Comments: