

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 severe 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!!

+++++

Probation Officer
Comments: