

PRE-TRIAL INTERVENTION MONTHLY REPORT

SUPERVISION REPORT FOR THE MONTH OF _____, 202__

NAME _____ PHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

1. Names of persons living with you: _____
2. Have you moved? Yes _____ or No _____ (If yes, give a date and explain.)
3. Have you changed jobs? Yes ____ or No ____ (If yes, give date and explain.)
4. Pre-trial client understands that not paying court cost will have you removed from the program. Yes ____ or No _____
5. When was the last time you paid on the court costs in your case? _____
6. Have you paid the Pre-trial fees this month? Yes ____ or No _____
If No, explain why the fees are not paid _____
7. Did you pay your Pre-trial fees from last month? Yes _____ or No _____
If not, explain why not. _____
8. If employed, list name, address, and phone number of employer. If student (list school)

9. Pre-trial client understands and agrees and that he/she will take MONTHLY drug screen while in the Pre-trial Intervention Program and that refusing to submit to a drug screen is the same as testing positive for an illegal substance Yes ____ or No _____
10. Pre-trial client understands consecutive positive drug screens will have them removed from the Program. Yes ____ or No _____
11. Have you been arrested by law enforcement officials since you began your Pre-trial Program? Yes _____ or No _____ (If yes, give dates and charge)

12. Have you used any type of illegal drugs in the past month? Yes, ____ or No _____ (If yes, what type?) _____
13. Please list the names and phone numbers of two people that know how to get in touch with you.
1) _____
2) _____

NOTE: A FALSE STATEMENT OR DISHONEST ANSWER TO A QUESTION IN THIS REPORT WILL RESULT IN REMOVAL FROM THE PROGRAM.

SIGNATURE: _____

DATE: _____