

AFTERCARE REPORT

Report Due: Monthly

Case #: _____

DOPL

ATTN: PROBATION/URAP

PO BOX 146741

SALT LAKE CITY UT 84114-6741

Name: _____

Profession: _____

This document may be uploaded to Affinity
or submitted by FAX to (801) 530-6404.

DOPL is appreciative of the effort and support your
program offers our probationers and diversionees.
We consider your observations especially valid since
you see them in a facilitated setting weekly. It is
important that you keep us apprised of situations
which could affect their recovery and advise us of
anything which would be important in our efforts to
assist them.

MONTH: _____

Week 1, Date _____	Comments/Observations
Week 2, Date _____	Comments/Observations
Week 3, Date _____	Comments/Observations
Week 4, Date _____	Comments/Observations:
Week 5, Date _____	Comments/Observations:

Random Drug Screens obtained? YES NO RESULTS: _____

Please discuss any comments, recommendations or problems for this probationer:

Printed Name

Signature

Institution

(____) ____ - ____
Phone Number

____/____/____
Signature Date