

# 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