

COURT COMPLIANCE MEETING

DATE: _____

NAME: _____

DOB: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

TELEPHONE: _____

Are you participating in Chemical Dependency treatment? Yes No

Domestic Violence treatment? Yes No

Other treatment programs? Yes No

What is the name of the Agency(ies)? _____

Date of last contact. _____

Have you used any alcohol/drugs since your last court meeting? Yes No

Are you attending AA/NA Meetings? Yes No

Are you working? Yes No

Name/Address of Employer _____

Have you been arrested or cited by law enforcement since your last Probation meeting? Yes No

If yes, date & nature of offense _____

What treatment Goal are you working to achieve? _____

What steps are you taking to obtain this goal? _____

Comments: _____

I declare the aforementioned to be true under penalty of perjury under the laws of the State of Washington. Signed on _____ in Mason County, State of Washington.
(date)

Signature _____