

# FIRST OFFENDER DRUG PROGRAM

## REPORT FORM

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ PHONE \_\_\_\_\_

CID# \_\_\_\_\_ CASE# \_\_\_\_\_ COURT# \_\_\_\_\_ FELONY \_\_\_\_ MISD \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Number and Street Apt# City State Zip Code

Have you changed your address since last report? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_

Have you changed or left employment since last report? Yes \_\_\_ No \_\_\_

If yes:

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you completed the required education class? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_

How much do you owe in program fees? \_\_\_\_\_

Have you been arrested since last report? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Have you used or possessed any alcohol or drug since your last report? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

List any questions or problems to discuss with Case Manager \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS (INCLUDING OVER THE COUNTER MEDS) TAKEN SINCE LAST REPORT

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**