

United States District Court  
Eastern District of Washington

Treatment/Urinalysis Status Report

Participant Name: \_\_\_\_\_ PACTS #: \_\_\_\_\_ Docket #: \_\_\_\_\_  
 Court Date: \_\_\_\_\_ Program Entry Date: \_\_\_\_\_ Last [STEP] Date: \_\_\_\_\_

GROUPS SCHEDULED SINCE LAST [STEP] DATE

| DATE | ATTENDED | NO SHOW | EXCUSED | DATE | ATTENDED | NO SHOW | EXCUSED |
|------|----------|---------|---------|------|----------|---------|---------|
|      |          |         |         |      |          |         |         |
|      |          |         |         |      |          |         |         |
|      |          |         |         |      |          |         |         |
|      |          |         |         |      |          |         |         |

The participant has attended \_\_\_\_\_ days of the total \_\_\_\_\_ days expected since his/her last STEP session.

Verified Support Group Attendance: \_\_\_\_\_ per week

URINALYSIS RESULTS

| DATE | NO SHOW | NEGATIVE | POSITIVE |
|------|---------|----------|----------|
|      |         |          |          |
|      |         |          |          |
|      |         |          |          |
|      |         |          |          |

RECOMMENDATION(S) TO THE [STEP] TEAM:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Zero Tolerance        | <input type="checkbox"/> Required to Provide Insurance Information | <input type="checkbox"/> Kudos for Excellent Progress               |
| <input type="checkbox"/> Program Termination   | <input type="checkbox"/> Requires Attention to Medical Issues      | <input type="checkbox"/> Increase Support Groups to _____ Per Week. |
| <input type="checkbox"/> No Action Recommended |  |   |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date