

LAWYERS HELPING LAWYERS

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MONTHLY REPORT

This report is furnished pursuant to Paragraph A(5) of the Rehabilitation/Monitoring Agreement between the participant and the Virginia *Lawyers Helping Lawyers* program. Please complete all areas applicable to your contract and mark others N/A.

Date of Agreement: _____

Participant: _____

Monitor: _____

Month and year covered by this report: _____

1. Description of status of current treatment program and dates of counseling/therapy sessions (individual or group).

2. Dates of monitor contacts during month

3. Dates of practice monitor contacts during month

4. Changes in family, living environment, employment, educational, legal or other relevant life areas.

5. Dates/reasons for contact with health care providers and list of any prescribed or over the counter medications taken.

Signature of Participating Lawyer

Date Signed

Date Report Given/Mailed to Monitor: _____

Date Report Given/Mailed to Executive Director: _____

Changes in addresses or phone numbers:



Date Report Received by Monitor: _____

Date Report Received by Executive Director: _____