

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: _____ Month and year covered by this report: _____

Participant: _____ Monitor _____
:

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

4. 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:/LHL Executive Director _____
