

MONITOR'S REPORT (Please complete and mail to LHL Staff)

For month(s) of: _____ Participants Name _____

Number of formal contacts (scheduled meetings) with the participant during this period? _____

Number of informal contacts (telephone, etc.) with the participant during this period? _____

Has the participant:

.....attended required number of 12 Step meetings? Yes [] No []

.....attended the required number of Attorney Support Meetings? Yes [] No []

.....obtained/maintained relationship with sponsor? Yes [] No []

.....established/kept a home group? Yes [] No []

.....kept payments on testing bill current? Yes [] No []

(If no is answer to any of these please explain) _____

Is the participant's attitude/behavior cooperative? _____

Please comment on any instances of noncompliance you are aware of; on the participant's overall participation in his/her recovery program (professional issues, family/relationships, legal, health, etc.); and provide any recommendations you may have as to how LHL can assist you or the participant. **Thank you.**

Signature of Monitor (or Designee)

Date