

Name: _____

Week _____



Phase 1 Weekly Reporting

Congratulations on deciding to opt into treatment court! This might be the most important decision to assist you in making a permanent change to your life. The treatment court team wants to help you be successful in making this life change. The goal is to help you form new habits, stay organized, and get familiar with the recovery community.

Next court date: _____

Specific to Week 1 (check if attended)

- Treatment Intake/Appointment: _____
- Supervision Appointment: _____
- Other Appointment: _____

Call Color Line Daily (555) 555-555 (color: _____)

- Tues Weds Thurs Fri Sat Sun Mon

Treatment/Pre-Bed Groups (check if attended)

- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____

Transportation Plan: *How will meet my RESPONSIBILITIES?*

Highlight from Week: _____

TURN IN SHEET TO COURT COORDINATOR ON MONDAY BEFORE COURT

Name: _____ Week: _____



TURN IN SHEET TO COURT COORDINATOR ON MONDAY BEFORE COURT

Next court date: _____

Appointments *(check if attended)*

- Supervision Appointment: _____
- Medical Appointment: _____
- Other Appointment: _____

Call Color Line Daily (555) 555-555 (color: _____)

- Tues Weds Thurs Fri Sat Sun Mon

Treatment Groups *(check if attended)*

- Counselor: _____ Day/Time: _____
Information Learned: _____

- Counselor: _____ Day/Time: _____
Information Learned: _____

- Counselor: _____ Day/Time: _____
Information Learned: _____

Peer Recovery Groups *(check if attended)*

- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____

Weekly Goal: _____

How did I meet my goal?

Highlight from Week: _____

Phase 2 Reporting Form

Name: _____ Week: _____



TURN IN SHEET TO COURT COORDINATOR ON MONDAY BEFORE COURT

Next court date: _____

Appointments (check if attended)

- Supervision Appointment: _____
- Medical Appointment: _____
- Other Appointment: _____

Call Color Line Daily (555) 555-555 (color: _____)

- Tues Weds Thurs Fri Sat Sun Mon

Treatment Groups / Criminal Thinking Groups (check if attended)

- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____

Peer Recovery Groups (check if attended)

- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____

Pro-Social Activity: _____ **When:** _____

Weekly Goal: _____

How did I meet my goal?

Highlight from Week: _____

Phase 3 Reporting Form

Name: _____ Week: _____



TURN IN SHEET TO COURT COORDINATOR ON MONDAY BEFORE COURT

Next court date: _____

Employed: Y N where: _____

School: Y N where: _____

Appointments (check if attended)

- Supervision Appointment: _____
- Medical Appointment: _____
- Other Appointment: _____

Call Color Line Daily (555) 555-555 (color: _____)

- Tues Weds Thurs Fri Sat Sun Mon

Treatment Groups/Criminal Thinking Groups (check if attended)

- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____
- Counselor: _____ Day/Time: _____
Information Learned: _____

Peer Recovery Groups (check if attended)

- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____

Pro-Social Activity: _____

Support/Educational Services: _____

Highlight from Week: _____

Phase 4 Reporting Form

Name: _____ Week: _____



TURN IN SHEET TO COURT COORDINATOR ON MONDAY BEFORE COURT

Next court date: _____

Employed: Y N where: _____

School: Y N where: _____

Appointments *(check if attended)*

- Supervision Appointment: _____
- Medical Appointment: _____
- Other Appointment: _____

Call Color Line Daily (555) 555-555 (color: _____)

Tues Weds Thurs Fri Sat Sun Mon

Treatment Groups/Criminal Thinking Groups *(check if attended)*

- Counselor: _____ Day/Time: _____
Information Learned: _____

- Counselor: _____ Day/Time: _____
Information Learned: _____

- Counselor: _____ Day/Time: _____
Information Learned: _____

Peer Recovery Groups *(check if attended)*

- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____
- Group: _____ Day/Time: _____
Take Away: _____

Pro-Social Activity: _____

Support/Educational Services: _____

Next steps to complete treatment court: _____

Highlight from Week: _____

Phase 5 Reporting Form