

Drug Aftercare Notification Report

Non-Compliance Information

Clients Name:		PACTS #:	
To:		From:	
US Probation/Pretrial Officer (circle one)		Counselor Name:	

INTAKE REPORT

The above named Client was scheduled for drug aftercare intake on: _____

<input type="checkbox"/> Client reported as instructed & completed intake.	<input type="checkbox"/> Client reported but failed to complete intake: (see comments)
<input type="checkbox"/> Client failed to report for intake as scheduled.	<input type="checkbox"/> Stall <input type="checkbox"/> Walked out <input type="checkbox"/> Low Specific Gravity after 2 hours. <input type="checkbox"/> Refused Services <input type="checkbox"/> No Paperwork <input type="checkbox"/> Refused to sign paperwork

NON-COMPLIANCE REPORT

Positive
A lab specimen and/or sweat patch collected on _____ was reported positive for _____

Low Specific Gravity
Sample collected has a specific gravity of 1.0 _____.

Breathalyzer **Level detected(1st test)** _____ **Level detected(2nd test)** _____

Client denied prescribed medication when specimen was collected.
 Client denied drug/alcohol use when specimen was collected.

Failure to Report for Services
Client failed to report for specimen collection on _____. This is the ____ failure to appear.
 Client failed to attend: Group Individual counseling session on _____.

Comments and Recommendations

Counselor's Signature: _____ Office: _____ Date: _____