41B SPECIALTY COURT CONFIDENTIAL PROGRESS REPORT

***As part of your treatment court program, you are REQUIRED to complete this form and return it to the Coordinator, Kara Hartman at*** ***k.hartman@41bcourt-mi.us*** ***by the 30th of each month. Failure to do so will result in a program sanction.***

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM IN: \_\_\_\_\_Drug Court \_\_\_\_\_ Sobriety Court \_\_\_\_\_ Mental Health Court \_\_\_\_\_ Veterans

Treatment Court

I AM IN PHASE: 1 2 3 (PLEASE CIRCLE PHASE)

My goal for this month:

How did I meet this goal?

My goal for next month is:

How will I meet this goal?

**TREATMENT PROVIDER: (Please circle your provider)** Marianne Carniak Crystal Gibson

 Catherine Castle VA Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CMH provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointments scheduled for this month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_I attended all scheduled appointments this month

\_\_\_\_\_\_\_I did not attend all scheduled appointments this month. (Please explain why you missed any scheduled appointment):

\_\_\_\_\_\_I feel my needs are being met in treatment.

\_\_\_\_\_\_I feel treatment is not sufficiently meeting my needs. Please explain:

**PEER RECOVERY COACH: (Please circle your coach)** Anthony Mattarella Amy Wilson

Rodney Wolford

Please list the **dates, times and length of each session** you met with your coach. You will need to include phone calls and face to face meetings:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_ Length of session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or in person (please circle)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Length of session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or in person (please circle one)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Length of session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or in person (please circle one)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or in person (please circle one)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or in person (please circle one)

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or in person (please circle one)

\_\_\_\_\_\_ I feel my peer coach has addressed my needs sufficiently.

\_\_\_\_\_ I feel my peer coach has not fulfilled my needs sufficiently. Please explain:

The most useful information I learned from my peer coach this month was:

**VETERANS TREATMENT COURT MENTOR NAME:**

\_\_\_\_\_\_ I am satisfied with the contact I’ve had with my mentor.

\_\_\_\_\_\_ I am dissatisfied with the contact I’ve had with my mentor. Please explain:

Highlight of this month:

What I’m looking forward to next month:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*All information will remain confidential and will be used to enhance program services\*